



# Parent Involvement Survey

6701 W. Emory Road  
Knoxville, TN 37931  
865-938-9164  
www.SHADESofDevelopment.org

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please indicate ways that you would like to be more involved in your child's after-school care program.

Please support the SHADES silent fundraising efforts by connecting your Ingles, Food City and/or Kroger Card to SHADES. I understand that this will not affect my points in any way.

1. We will connect your Ingles Card for you.  
Ingles Card Holder Name \_\_\_\_\_ Advantage Card 12 digit # \_\_\_\_\_
2. Please take the PLU sheet to Food City. The attendant will scan the sheet to connect your card.
3. Please go to [www.krogercommunityrewards.com](http://www.krogercommunityrewards.com) to connect your Kroger card. Our number is 77749

Yes No I would like to be a member of the SHADES Parent Advisory Council to help guide the planning, events and services at SHADES.

Yes No I would like to become more connected with other SHADES parents by having my name included in the SHADES of Development Parent Directory.

Yes No I would like to help manage SHADES information sharing through social media such as twitter, Facebook or a parent blog.

Yes No I would like to collect art supplies for projects when needed, such as paper towel rolls, milk jugs, egg cartons, etc.

Yes No I would like to look for program supplies, when needed, at garage sales (dress up clothes, etc.)

Yes No I would like to share my special talent or interest with the children when my work schedule allows. My talent/interest is \_\_\_\_\_.

Yes No I would like to help in the planning and implementation of SHADES special events and parent programs.

Yes No I would be interested in attending parent education classes on topics such as parenting methods, discipline, ADHD, child development, etc.

Yes No I, or my child's grandparent or relative would like to volunteer to read, play board games, or help with homework on occasion after school

Volunteer's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Volunteer's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Volunteer's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Yes No I would like to assist in fundraising and fund development for the SHADES scholarship fund, computer lab needs and other special programs

Other ways I would like to be involved:  
\_\_\_\_\_  
\_\_\_\_\_