



**St. Michael the Archangel Catholic School
Family Participation Program**



FAMILY PARTICIPATION PROGRAM

FPP hours may be served in the school year during the period of August 20, 2018 through May 1, 2019. The requirement for every family is to provide **20 hours** of service to St. Michael the Archangel Catholic School.

Check the option you're completing:

- We are committed to serving the 20 hours required for the school year.
- We will pay the required 20 hours in full (\$200.00).

Families unable to complete those hours will be assessed \$20 per hour NOT served. Service hours must be completed or paid before May 1, 2019.

The FPP Book must be turned in to the front office by **May 6, 2019**. Hours must be stamped as approved by the Room Parent/ Member Assigned. A \$50 penalty will be charged for FPP Books turned in after May 6th.



FAMILY PARTICIPATION PROGRAM

Student Name: _____

Grade: _____ **Teacher:** _____

Other Students Attending the School:

Student Name	Grade
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____

Parent Name: _____

Address: _____

Phone: _____

Email: _____



EVENTS



(V) = Indicates Virtus and Fingerprints are required.

Activity: Orientation Night

Date: 8/17/18 Hours: 1

Catalog Fundraiser

Activity: (\$20 minimum purchase)

Date: _____ Hours: 2

Hispanic Show Student

Activity: Participation (1 per family)

Date: 10/13/18 Hours: 5

Activity: Hispanic Show One-Paid Ticket

Date: 10/13/18 Hours: 1

Hispanic Show Drink
Activity: Donations (\$10 minimum)

Date: _____ Hours: 1

Hispanic Show Dessert
Activity: Donations (\$10 minimum)

Date: _____ Hours: 1

Activity: Halloween Trunk or Treat

Date: 10/31/18 Hours: 5

Halloween Candy Donation
Activity: (\$10 minimum)

Date: _____ Hours: 1

Activity: Report Card Night (1st Quarter)

Date: 10/26/18 Hours: 1

Thanksgiving Luncheon Parent
Activity: Participation

Date: _____ Hours: 1

(V)

Christmas Show Student
Activity: Participation (1 per family)

Date: 12/1/18 Hours: 5

Christmas Show One-Paid
Activity: Ticket

Date: 12/1/18 Hours: 1

Christmas Show Drink
Activity: Donations (\$10 minimum)

Date: _____ Hours: 1

Christmas Show Dessert
Activity: Donations (\$10 minimum)

Date: _____ Hours: 1

Activity: Advent Blessing

Date: 12/6/18 Hours: 2

Chocolate Fundraiser
Activity: (Minimum of 1 box)

Date: _____ Hours: 1

Activity: Report Card Night (2nd Quarter)

Date: 1/18/19 Hours: 1

Activity: Mike Olympics

Date: 1/30/19 Hours: 5

Activity: Report Card Night (3rd Quarter)

Date: 3/22/19 Hours: 1

Easter Egg Hunt Parent
Activity: Participation (PK-3rd Grade)

Date: 4/16/18 Hours: 1

Easter Candy-Filled Eggs
Activity: Donations

Date: _____ Hours: 1

Activity: _____

Date: _____ Hours: _____

(V)

(V)

Activity: _____

Date: _____ **Hours:** _____

Activity: _____

Date: _____ **Hours:** _____

Activity: _____

Date: _____ **Hours:** _____

Activity: _____

Date: _____ **Hours:** _____

TOTAL HOURS COMPLETED:

Only to be completed by HOME AND SCHOOL ASSOCIATION

Requirement: Complete INCOMPLETE

Hours Missing: _____ Balance Due: \$ _____ PAID

HSA Approval Signature: _____ Date: _____

Notes: _____