EST. 1938
ST. JOSEPH
CATHOLIC SCHOOL
LOVE·RESPECT

St. Joseph Catholic School Participation Fee Reimbursement Form

*A minimum of **20 hours of service** must be performed.

Family Name: _____

Name(s) of School Aged Children: _____

To receive your reimbursement, the completed form must be returned to the school by **June 15th** of current school year.

ALL HOURS MUST BE SIGNED BY ORGANIZER OR TEACHER.

____ I do not wish to collect back the Parent Participation fee. Please issue me a charitable donation receipt.
To receive the tax receipt, this form must be returned by December 15th of the current tax year.

***NOTE: Any participation fees unclaimed by December of the following school year will automatically be issued a donation receipt.**

Name of Person Completing the Service	Service Performed	Hours	Signature of Organizer	Date
Eg. Mike	**Snow Removal**	**1**	**L. Fleck**	**Dec. 10th**
Sarah	**Painting**	**3**	**R. Plaxton**	**Sept. 17th**
Peggy	**Colts' Cafe**	**10**		**Year Long**