

# eCHAT Teacher Assistant Registration Form

Name:
Grade:
Phone:
Email:

What eCHAT classes interest you? In case your first choice is not available, please let us know if there is another class you are willing to help with in by numbering your choices below. (Mark as many as you want.)

- |   |   |
|---|---|
| <input type="checkbox"/> EEE, gr 1-2                                    | <input type="checkbox"/> Math, grades 5-6                                   |
| <input type="checkbox"/> Art, grades 3-4, per. <input type="checkbox"/> | <input type="checkbox"/> Music, grades 3-4                                  |
| <input type="checkbox"/> Art, grades 5-6, per. <input type="checkbox"/> | <input type="checkbox"/> Music, grades 5-6                                  |
| <input type="checkbox"/> Gym, grades 1-2                                | <input type="checkbox"/> Science, grades 3-4, per. <input type="checkbox"/> |
| <input type="checkbox"/> Gym, grades 3-4                                | <input type="checkbox"/> Science, grades 5-6, per. <input type="checkbox"/> |
| <input type="checkbox"/> Gym, grades 5-6                                | <input type="checkbox"/> Writing, grades 3-4                                |
| <input type="checkbox"/> Math, grades 3-4                               | <input type="checkbox"/> Writing, grades 5-6, per. <input type="checkbox"/> |