

# Art First Inc.

## Teacher Assistant Agreement

1. I understand as a Teacher Assistant, I am responsible for knowing my schedule and arriving on time.
2. I will notify the office person ahead of time if I cannot attend.
3. I will keep track of my hours on a time sheet in the office and tally them up at the end of the day.
4. I will not receive monetary payment for my service, but I will gain valuable experiences working with teachers and students.
5. My responsibilities will be to assist the professional teaching staff in facilitating educational programs for children of all ages.
6. I will not use my cell phone during class hours unless it is an emergency.
7. I will complete the state required clearance forms when supplied and return them to the office.
8. I understand that other duties may arise and special projects of my choice are available.
9. I agree to arrive on Mondays at 8:00 AM and Tuesday-Friday at 8:30 and leave at 3:30 PM.
10. I will not leave Art First at any time during the day without written permission from my parents.

I will be assisting during the following weeks: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Parent/Guardian:**

I have read the above statement and given my permission for \_\_\_\_\_  
to be a Teacher Assistant at Art First Inc.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Phone #

**Teacher Assistant Name** (print) \_\_\_\_\_

Home Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

E-mail Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_