

CAFETERIA SCHEDULING FORM  
2025-2026 SCHOOL YEAR

Serving lunch in our school cafeteria is required for all school families in Grades K-8. Please note that these are the **ONLY** mandatory volunteer hours that are required throughout the school year. This is an average of about 9 hours over the course of a school year. While required, it is a worthwhile experience seeing your kids during their school day and meeting other SGM moms and dads. It also allows our students to see their parents in a role of service. Our parent volunteers enable us to provide a quality, cost effective lunch program. All volunteers who work in our cafeteria **MUST IN COMPLIANCE WITH BOTH "PROTECTING GOD'S CHILDREN" AND "PREVENT AND PROTECT."**

Duties include:

- \*Serving prepared menu items, simple food preparation assistance
- \* General kitchen clean-up throughout lunch service; washing trays, serving pans, and the lunch tables
- \*Assisting faculty lunch supervisor as directed

Time Commitment:

- \*10:15am to approximately 1:15pm
- \*3 scheduled lunch duty days during the course of the school year
- \*An \$80 fee will be charged for missing your assigned day of duty or not covering your duty with a sub

Benefits:

- \*Providing a quality lunch program for SGM students
- \*Seeing your children during their school day
- \*Mom and Dad can share the volunteer responsibility

Our lunch program remains cost effective because of our parent volunteers. Buyouts are available for families with inflexible work schedules or a special circumstance, i.e, caring for a sick child/parent. For these situations, a buyout fee of \$175 in lieu of working is available. We strongly encourage parents to try and work around scheduling and use the buyout as a last resort.

Please return the scheduling request form or buyout form and check for \$175 to the school office by  
**FRIDAY, APRIL 25<sup>TH</sup>**

\*If you are choosing the buyout option, the buyout form and check must be received by the end of the school year. Buyout checks will not be accepted after the cafeteria schedule has been sent out in the Back to School Packet in early August. We ask that if you are unable to work your assigned days once the schedule has come out, please refer the Sub List to find arrangements for your days.

\*Should you be unable to work your assigned day/s, it will be your responsibility to switch your days or find a substitute and pay him/her the \$50 substitute fee. If you are unable to find a substitute to cover for you and you do not show up for your duty, you will be charged an \$80 fee.

You will receive your assigned days of duty in your Back to School Packet in early August.  
A complete sub list will be distributed along with your work schedule.

SCHEDULING FORM

FAMILY NAME \_\_\_\_\_

PARENT NAME(S) \_\_\_\_\_

Please choose from the options below that work best for your schedule!

- 1. \_\_\_\_\_ Schedule me any days of the week.
- 2. \_\_\_\_\_ Schedule me to work on the following days of the week:  
 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_  
 (Please note that Fridays are a popular day. If you choose Friday, you must also choose another day of the week!)

- 3. If you have a preference of specific dates, please note below; please give 4-5 available dates to choose from:  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

- 4. \_\_\_\_\_ I would like to add my name to cafeteria worker’s sub list for those who cannot work due to illness or emergency. It is my understanding that I will be paid \$50 by the person I work for. \*Please, only add your name if you have Monday-Friday flexibility. Please add your email and cell phone below to be added to the sub list.

Name \_\_\_\_\_

Email \_\_\_\_\_ Cell phone \_\_\_\_\_

THE DUE DATE FOR THIS FORM TO BE RETURNED IS FRIDAY, APRIL 25, 2025!  
PLEASE PRINT AND RETURN THIS FORM TO THE SCHOOL OFFICE. PLEASE DO NOT EMAIL THE FORM.

If you have any questions, please feel free to reach out!

Erin Cusumano  
314.368.0609  
erincusumano@ymail.com

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BUYOUT FORM  
FEE \$175(CHECK MADE OUT TO SGM)

FAMILY NAME \_\_\_\_\_

PARENT NAME(S) \_\_\_\_\_