

2010-2011 REGISTRATION FORM

Member Name: _____ Birthdate: ___/___/____
 Spouse's Name: _____
 Street Address: _____
 City: _____ Zip Code: _____
 Home Phone #: _____ Cell Phone #: _____
 Email Address: _____

Do you work outside of the home? If yes, please check below:
 Full Time Part Time Days Evenings

How would you like to be contacted about important PTA related information?
 Email Phone Chain

Please list the information for each of your children below:

	First Name:	Last Name:	Birthdate:	School attending:
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____
5.)	_____	_____	_____	_____

Are you a current member of PTA? If so, what year did you join?
 Yes No _____

Are you a previous member of PTA? If not, where did you hear about the PTA?
 Yes No _____

Please list any services or hobbies (cake decorating, household repairs, babysitting, etc.) that you, your spouse, or older children could offer that you would like listed in the PTA Services Directory for members. _____

Any suggestions for future speakers or outings? _____

Would you be interested in participating in the buddy system (pairing up with a member to help answer any questions and concerns)? Yes No Mentor New Member

<p>Please return this completed form and your \$12.00 dues to our first meeting at Shiloh Middle School on Tuesday, September 21, 2010 at 6:45 pm. You may also mail it to Meagan Mace prior to the first meeting to avoid the lines. Make checks payable to Parma Early Childhood PTA (or PECPTA.)</p>	<p>Questions? Contact Meagan Mace (586) 909-5840 6796 Orchard Blvd Parma Heights, OH 44130 membership@pecpta.com</p>
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I understand that the Parma Early Childhood PTA, its officers and committee chairpersons shall not be held liable / responsible for accidents or injuries at any PTA function. **Members are responsible for the safety and care of their own children at all activities.**

Signature: _____ Date: _____