PTO
cahaba elementary

The Cahaba Elementary PTO is excited to continue to support our school, faculty and students! We need your help in order to be a successful PTO, so please join! Money from every PTO fundraiser goes directly back to the classroom or school for special projects. Two ways you can help are by purchasing a **PTO family membership for $5** and by purchasing **Friday Freeze for $25** for your student(s). Purchasing Friday Freeze allows your student to receive an ice cream or a non-dairy sorbet from Cold Stone Creamery one Friday per month, for the entire school year, beginning in September. To ensure your student receives the September treat, we must receive your payment by **August 25th**. We thank you for your support!

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Your Name:_____

Contact Phone # _____ e-mail:_____

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Student Name #1:_____

Grade:_____ Teacher: _____

Friday Freeze: Yes_____ No_____ I am opting out of Friday Freeze

Type of treat to receive each month: Ice Cream_____ Non-Dairy Sorbet _____

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Student Name #2:_____

Grade:_____ Teacher: _____

Friday Freeze: Yes_____ No_____ I am opting out of Friday Freeze

Type of treat to receive each month: Ice Cream_____ Non-Dairy Sorbet _____

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$5 Family PTO Membership: Yes _____ No _____

# of students to receive Friday Freeze _____x $25 = _____

TOTAL PAYMENT SUBMITTED for PTO Membership and Friday Freeze: _____

*We appreciate the support you are providing by joining Cahaba Elementary PTO and/or purchasing Friday Freeze for your student(s). **Friday Freeze is a fundraiser. Therefore, Friday Freeze is a non-refundable purchase. Choice of one type of treat to receive will be for the entire school year and not on a monthly basis.**

If you have a child at HTMS or HTHS and joined the PTO with their online registration, that does **NOT mean you have joined the Cahaba Elementary PTO. **HTMS PTO and HTHS PTSO are self supporting PTOs, as is CES PTO.**

**********FOR TREASURER'S USE ONLY**********

Family PTO Membership: Payment Type: Cash _____ Check # _____ Date Paid: _____

Friday Freeze Fundraiser: Payment Type: Cash _____ Check # _____ Date Paid: _____