CALIFON PTA MEMBERSHIP FORM

Joining the PTA is only \$8 per person or \$15 per family. This completed form and cash or check made out to "Califon PTA" can be sent in to school with your child or returned to the PTA mailbox in the main office.

You can also pay for membership and make donations via paypal on the PTA website, https://sites.google.com/site/califonschoolpta/home.

Please print legibly and return to school in an envelope marked "PTA mailbox" by September 15th.

Thanks for your support!!

Please find enclosed \$	(check here if page 1	aying onli	ne)	
Member Name(s):				
Address:				
Home Phone Number:	Cell	Phone Nu	mber:	
E-mail Address:				
	Homeroom	Parent	t(s):	
Day Parties, chaperone class trips understand that many parents an	s as needed, and help at othe ad guardians work outside the	er special cla e home, so	such as: Coordinate Halloween and Valent ass activities throughout the school year. We the PTA recommends that homeroom pare UST BE MEMBERS OF THE CALIFON SCHOOL	Ve ents
We request the Homeroom Pa			eduled meetings throughout the schoo A events.	I
Your name:		Phone	Email	_
Your child's name:	Grade:	Teacher	's name:	
Have you been a Homeroom P	arent for this grade? Yes_	No	If yes, what year(s)	
Second child's name:	Grade:	Teacher	's name:	
Have you been a Homeroom P	arent for this grade? Yes_	No	If yes, what year(s)	
Third child's name:	Grade:	Teache	r's name:	
Have you been a Homeroom P	arent for this grade? Yes_	No	If yes, what year(s)	
The Homeroom Parents will be	e announced at our PTA m	eeting held	d at 7:00pm on Wednesday 9/27th, plea	ise

attend if you are applying to be a homeroom parent. If you have any questions, please contact Rita Lemley at

c.lemley61@comcast.net