



2009 – 2010 REGISTRATION FORM

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

Are you a stay at home mom, or working mom? If working, 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 all of your children's names below:

Table with 4 columns: First Name, Last Name, Birthdate, School attending. Rows 1-5.

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

Box containing return instructions and contact info for Kim Tomblin.

I understand that the Parma Early Childhood PTA-Parma Cluster, 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: _____