



Saint John Preschool Parent Teacher Organization

“Where Excellence is Never Compromised”

MEMBERSHIP APPLICATION

2014-2015

SECTION 1: FAMILY INFORMATION

Parent #1/Guardian#1//Teacher Name:	Home Telephone: Cell:
Address:	Email:
Parent #2 /Guardian #2/Teacher Name :	Home Telephone: Cell:
Address:	Email:
Child’s Name:	Class:
Child’s Name:	Class:

SECTION 2: DUES INFORMATION

ANNUAL DUES IS \$5 PER PARENT, GUARDIAN OR TEACHER/ADMINISTRATOR

Please print your name the way you would like it to appear on your membership card.

Name: _____ Amount Due: _____

Name: _____ Amount Due: _____

Total Dues Paid: \$ _____ Total Memberships: _____

SECTION 3: VOLUNTEER SIGN-UP OPPORTUNITIES

Please check the committees you are interested in joining or the events/activities in which you would like to assist.

<input type="checkbox"/> Proud Parents	<input type="checkbox"/> Membership Development
<input type="checkbox"/> Blue Jay Volunteers	<input type="checkbox"/> Special Event-May Day
<input type="checkbox"/> Special Events-Science Fair	<input type="checkbox"/> Special Event-Friends & Family
<input type="checkbox"/> Fund Development	<input type="checkbox"/> Fall Festival
<input type="checkbox"/> The Blue Jay Today	<input type="checkbox"/> Class Parent
<input type="checkbox"/> Memory Book	<input type="checkbox"/> Teacher Appreciation
<input type="checkbox"/> Nominations Committee	<input type="checkbox"/> Other : _____
<input type="checkbox"/> Elections Committee	<input type="checkbox"/> Other: _____

THANK YOU FOR YOUR SUPPORT.