

PICK ELEMENTARY SCHOOL

PTO MEMBERSHIP FORM

STUDENT(S) NAME(S): _____

Grade: _____

Student(s) Teacher(s) (if known): _____

Parent(s)/Guardian(s) Name(s): _____

CONTACT INFORMATION:

HOME

MOM'S WORK

DAD'S WORK

Phone: _____

E-Mail: _____

(Note: Contact information will only be used as a means of communication to inform parents of PTO and school events.)

PTO MEMBERSHIP

Fees: Family Membership \$5 PTO Membership Total \$_____

Other Donation: \$5 (Teacher Appreciation Week, Classroom Supplies, Hospitality, Classroom Apps, etc.) \$_____

ORDER PES T-SHIRTS (\$10.00 EACH)

PTO Member Initials _____

Youth S_____ M_____ L_____ XL_____ XXL_____

Adult S_____ M_____ L_____ Total for T-Shirts \$_____

SCHOOL PLANNER (REQUIRED FOR ALL STUDENTS - \$5 Each)

Planners Needed _____ Total for Planners: \$_____

PLEASE CHECK ANY AND ALL COMMITTEES THAT YOU WOULD BE INTERESTED IN AS A PARENT VOLUNTEER.

_____ Muffins with Mom _____ Book Fair _____ Fundraisers

_____ Teacher Appreciation/ Hospitality _____ Interested in participating on the PTO Council _____ Dad's League _____ Box Tops _____ AS NEEDED

Please make checks payable to PES PTO.

GRAND TOTAL \$_____

Cash \$_____ Check #_____

THANK YOU FOR SUPPORTING YOUR CHILD'S PARENT/TEACHER ORGANIZATION!!