

2010-2011 OLMSTED EARLY CHILDHOOD PTA REGISTRATION FORM

Name: _____ **Spouse:** _____

Address: _____

City: _____ **Falls** _____ **Township** _____ **Other:(including zip code)** _____

Telephone _____ **E-mail:** _____

Birthdate: (M/D) _____ **Home Business:** _____

Please Circle One: **New Member** **Returning Member**

Children's Names _____ **Birth Dates (MM/DD/YYYY)** _____

_____	_____
_____	_____
_____	_____
_____	_____

If you are currently pregnant, please indicate your due date: _____

Dues:

Membership and activity fee of \$20.00 for the 2010-2011 year.

Mail completed registration form and dues (please make checks payable to OECPTA)

OECPTA Membership
c/o Margo Parsons
27199 Watkin Dr.
Olmsted Township, OH 44138

I understand that I am required to submit a membership and activity fee of \$20.00 and that I am expected to participate in at least two additional services for the OECPTA.

_____ (initial)

Liability Release: I understand that my child (ren) must be accompanied by a parent, guardian, or responsible adult at all OECPTA functions. I understand that the Olmsted Early Childhood PTA (OECPTA) or any member thereof will not be held responsible in case of accident or injury during any activity with OECPTA. By signing this form, I authorize the use of photos of myself or any member of my family may appear in at OECPTA events for use on the OECPTA website and OECPTA publications.

(Please sign and date) - _____