

Rocky River Early Childhood PTA
Membership Registration for 2009-2010
(August 1st 2009 – July 31st 2010)

Please check one of the following:

New Member ____ Returning Member ____ # of years in RRECPTA ____

Name: _____ Spouse/Partner: _____

(Please print as you would like it to appear in the RRECPTA Membership Directory)

Address: _____ City: _____ Zip: _____

Home Phone: _____

E-Mail Address: _____ PLEASE PRINT CLEARLY

By providing an email address, you will be notified via email regarding RRECPTA business.

Date of Birth: _____ (month and day)

Please list children's names and date of birth: Due date if expecting: _____

Name Date of Birth (month/day/year)

If any of your children in Pre-school, where do they attend? _____

Has any of the above information changed since last year? _____ yes _____ no

Check here if you do NOT want any of the following information in the RRECPTA Membership Directory:

____ Phone # ____ E-mail address ____ Children's information _____ Other (Please list).

*** The RRECPTA Directory/Handbook is for member use only and may not be used for commercial purposes.*

Please make your **\$30.00** check payable to the following: Rocky River Early Childhood PTA and mail to:

Sarah Lang
19530 Argyle Oval
Rocky River, OH 44116

The \$30.00 includes \$10.00 for Membership Dues and a required \$20.00 donation to Auction.

Please return this form by *October 1, 2009* to be included in the RRECPTA Directory.

By signing below, I hereby agree to abide by the rules and requirements for membership in the Rocky River Early Childhood PTA.

Signature: _____ Date: _____

Date received: _____ check #: _____ cash: _____

Liability Release: I understand that my child(ren) must be accompanied by a parent, guardian, or responsible adult at all RRECPTA functions and that the parent, guardian, or responsible adult is in charge of that child's behavior and safety. In case of an emergency or accident, neither RRECPTA nor its members shall be responsible. By signing this form I authorize the use of photos that myself or any member of my family may appear in a RRECPTA events for use on the RRECPTA website and RRECPTA publications.

Signature: _____ Date: _____

What is the best way to reach you? ___E-mail ___phone

What is your education/work background? _____

What are your hobbies or talents? _____

Do you or anyone you know have a special body of knowledge that they would be willing to share with the group? Like a Fireman could come and talk to us and/or our kids about fire safety, a "Crafty Person" could talk about ideas we could do with our kids for holidays or gifts for family, etc. Let us know...

Why did you originally join the RRECPTA? Please choose all that apply:

___I wanted to meet other Moms _____
___I was looking for activities to do with the kids _____
___I wanted to be more informed (speakers at meetings, networking, etc.) _____
___Other (Please specify _____)

People tend to have the most fun when they join in! Please indicate at least 2 committees you can provide your time or talent:

___Halloween Party (October)	___Fall Hayride	___Parent Parties/Adult Outings
___Christmas Party (December)	___Ice Skating Party (March)	___Publicity
___Winter Party (January)	___Field Trips	___Meeting Programs
___Valentines Party (February)	___Holiday Auction (November)	___Santa Visits (December)
___Spring Party (March)	___Community Service/	___Sunshine/Special Needs
___Pirates and Princesses	___Health and Safety Fair	(Make dinner for a family)
___Party (May)	___Hospitality (make/bring a	___Fall Kids Kloset (September)
___Kindergarten Registration	goodie for a meeting)	___Spring Kids Kloset (April)
___Preschool Information Night	___REACH Program	___Newsletter

We will be starting a New Member Buddy Program for people to get acquainted with us and the variety of things we offer. Would you be interested in being a New Member Buddy? Yes___ No___