



CARRIAGE CREST PTSA

Confidential PTSA All In One Form



Please complete and return to school in the attached envelope.
Information on these forms may not be used for purposes of solicitation or any other purpose not consistent with the Washington State PTA By-Laws.

PLEASE PRINT CLEARLY & FIRMLY

CHECK HERE IF YOU HAVE ADDITIONAL INFORMATION ATTACHED

Parent #1: _____
Last Name *First Name* *email* e-mail Yelper

Primary Address: _____
Street *City* *Zip Code*

Parent #2: _____
Last Name *First Name* *email* e-mail Yelper

Primary Phone # () - _____

Child Name: _____ Teacher: _____ Grade: _____

Child Name: _____ Teacher: _____ Grade: _____

Child Name: _____ Teacher: _____ Grade: _____

Child Name: _____ Teacher: _____ Grade: _____

STUDENT DIRECTORY: I **DO NOT** wish to have my information published in the Student Directory.

YES, I want my information published and distributed by Carriage Crest PTSA. Please publish: **all info ONLY** **our address** **our phone number** **our email address** (please check all that apply)

PTSA THURSDAY WEEKLY ANNOUNCEMENTS ~ "THE YELPER" (TO YOUNGEST CHILD ONLY)

Please send The Yelper via **e-mail (check above)**. I would prefer to receive a **paper copy** of the Yelper.

PTSA IS GOING GREEN: PTSA wants to support Going Green to help our environment and reduce costs! We would like to know how many of our families have access to the Web. Internet Access No Internet Access

EMERGENCY PREPAREDNESS FEE (REQUIRED): (food, water & supplies) _____ x \$5 each child _____

PLANNER FEE (REQUIRED): 3rd - 6th Grade Planners _____ x \$6 each child _____

PTSA MEMBERSHIP

JOIN AND SUPPORT CARRIAGE CREST PTSA. Joining does not obligate you to attend meetings or volunteer, though we welcome your support! With your membership, you will receive **ONE FREE** Student Directory and become part of our nation's largest child advocacy organization.

I/We have already joined. n/a

I/We do not wish to join at this time. n/a

Please renew my membership: \$10 Individual Membership \$18 Dual Membership _____

I am a new member: \$10 Individual Membership \$18 Dual Membership _____

I/We would like to sponsor a deserving family for an additional \$10 _____

I/We would like to be considered for a sponsored membership. n/a

I/We are not interested in joining the PTSA, but would like a Student Directory for \$2 _____

ITEMS TO PURCHASE: Additional Student Directories \$2 _____

Additional Calendar \$4 (Each family will receive one 2008—2009 PTSA Calendar & Handbook.). _____

DONATION TO CARRIAGE CREST PTSA \$ _____ Matching Company Donation (\$ _____) _____

FINAL STEP! PLEASE MAKE CHECKS PAYABLE TO CCPTSA & WRITE AIO FORM IN MEMO LINE (ADD 9 ITEMS) TOTAL \$ _____