

Fruchthendler PTA Family Registration

Welcome to a new school year! Please fill out the **Fruchthendler Family Registration** form below. This is also the form you will need to **join the PTA, make your \$1-a-Day Family Pledge**, as well as **order yearbooks and shirts for your family**. Payment information can be found below. **Please return this form with all payment due to the office by Aug. 30th**. Thank you and have a great year!

Parent/Guardian Name(s): _____

Address: _____ Zip: _____

Phone: _____ *email: _____

*** Email address will be added to Fruchthendler listserv for newsletter and regular school communications.**

Additional Parent/Guardian(s): _____

Additional Address: _____ Zip: _____

Additional Phone: _____ email: _____

Name of Children**	Grade	Teacher

****To opt out of having your child's name printed in the Firebird Directory, please initial here:** _____

Item	Price	Quantity	Total
PTA Membership – One Vote per Membership (Note: Firebird Directory only available to members of PTA)	\$20.00 per membership/per vote		
\$1-a-Day Family Pledge	See attached.	n/a	
Yearbook (K-4 th grade)	\$20.00 each		
Yearbook (5 th grade)	\$25.00 each		

PTA Membership, Family Pledge & Yearbook Subtotal

Shirts (Optional)	Price	Number of Shirts	Total
Youth short-sleeved red T-shirt w/white logo Number of each: S(6) ___ M(8-10) ___ L(12-14) ___ XL(16-18) ___	\$10.00 each		
Adult short-sleeved red T-shirt w/white logo Number of each: S ___ M ___ L ___ XL ___	\$10.00 each		
Youth long-sleeved red T-shirt w/white logo Number of each: S(6) ___ M(8-10) ___ L(12-14) ___ XL(16-18) ___	\$12.50 each		
Adult long-sleeved red T-shirt w/white logo Number of each: S ___ M ___ L ___ XL ___	\$15.00 each		
Youth red hooded sweatshirt w/white logo Number of each: S(6) ___ M(8-10) ___ L(12-14) ___ XL(16-18) ___	\$18.00 each		
Adult red hooded sweatshirt w/white logo Number of each: S ___ M ___ L ___ XL ___	\$22.00 each		

Shirt Order Subtotal

Please add PTA Membership, Family Pledge & Yearbook subtotal

Total Amount Due

PAYMENT

Check Amount: _____ **Please make check payable to Fruchthendler PTA**

Credit Card Amount: _____ Check here to have credit card charged monthly for \$1-a-Day Family Pledge.
 Per month amount: \$ _____ for _____ months for a total contribution of \$ _____.

Circle Card Type: M/C Visa Card Number: _____ - _____ - _____ - _____ Exp. Date: ____ / ____

Signature: _____ Phone: _____

Billing Address (if different than above): _____