



Montessori Community School 2019 - 2020 PTO Membership Form

Parent/Guardian Information:

Primary Role: Parent/Guardian Teacher/Staff Grandparent/Other

Your name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Secondary Email: _____

How To Get Involved (select all that apply):

- I would like receive important updates and news from the PTO.
- I would like to volunteer for PTO-sponsored events and/or fundraising efforts this year.
- I would like to serve on the PTO board or lead a PTO committee.

Student Information:

Name: _____

Grade: _____ Teacher: _____

Name: _____

Grade: _____ Teacher: _____

Name: _____

Grade: _____ Teacher: _____

**Need more room? Feel free to write on the back of this form.*

Annual Membership Dues:

- Family Membership (all adults and children in household): **\$25/year**
- Individual Membership (teacher, additional parent/guardian, grandparent): **\$15/year**

Please make checks payable to "MCS PTO".

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PTO Board Use: Payment Method:

Cash: _____ Check: _____ Check #: _____ Date: _____