

Solon Early Childhood PTA Membership Form 2010-2011

All memberships run from August 2010-August 2011.

Please send completed form and payment to: Carol Olszewski, 32785 W. Nimrod St., Solon, OH 44139

Dues: \$30 one-vote family membership (entitles entire family to attend SECPTA activities)

For an additional \$3.50, members may add a second adult member, which entitles the second adult to a vote, board eligibility, and ability to handle SECPTA financial transactions.

Checks are to be made payable to SECPTA.

Please call Carol (440.498.0728) if you have any questions.

Membership Information: New or Renewal (Please circle one)

Name _____ Spouse Name _____

Street Address _____ Phone Number _____

City/Zip _____ Cell Phone (opt.) _____

E-MAIL _____ Spouse E-MAIL _____

Children Names & ages _____

SECPTA runs on volunteers. Will you help us? Which committee would best-suit your interests and/or talents?

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> New Member Liaison | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Picnic Pals |
| <input type="checkbox"/> Children's Parties | <input type="checkbox"/> Helping Hands | <input type="checkbox"/> Membership |

- I understand that the information provided above will be included in a membership directory distributed to all paid members of the Solon Early Childhood PTA.
- I understand that my child/ren must be accompanied by an adult at all activities and that adult is responsible for the behavior and safety of my child.
- I understand that children and/or parents should not attend any SECPTA events if they exhibit any of the following symptoms:
 Diarrhea more than once within 24 hours of the event; severe coughing; difficult or rapid breathing; yellowish skin or eyes; redness of the eye or eyelid including discharge, eye pain, matted eyelashes, burning or itching; temperature of 100 degrees Fahrenheit or higher; infected skin patches; unusual spots or rashes; unusually dark urine and/or gray or white stools; stiff neck with an elevated temperature; sore throat or difficulty swallowing; vomiting within 24 hours of the event; or evidence of untreated lice, scabies, or other parasitic infestations.
- I consent to the use of any photographs taken of my minor child/ren at SECPTA events for utilization in SECPTA promotional materials (names will never be used).
- In case of accident, neither the Solon Early Childhood PTA nor its membership shall be held responsible.

X _____ Date _____

Date Received _____ Check Number _____ Amount paid _____ Initials _____