

ST ANNE CATHOLIC SCHOOL PTO



Membership Form



YOUR INFORMATION

Parent Name: _____

Parent Address: _____

Phone Number: _____ OK to text? YES ___ NO ___

Email: _____

Student Name #1: _____ Grade: _____

Student Name #2: _____ Grade: _____

Student Name #3: _____ Grade: _____

TELL US A LITTLE MORE

Have you completed the CMG Safe Haven training? YES ___ NO ___

Will this be your first time volunteering with St Anne PTO? YES ___ NO ___

HOW ARE YOU INTERESTED GETTING INVOLVED?

ON GOING

- PTO Executive Position
- PTO Chair Position
- Room Mom
- Fundraising
- Event Setup/Cleanup
- Lunch Helpers
- Pizza Friday

EVENTS

- Bazaar
- Gala
- Crusader Fund
- Grandparents Day
- Steps 4 Students
- STREAM Day
- Teacher Appreciation Week
- Field Day
- Advent by Candlelight
- Book Fair
- Career Day
- Catholic Schools Week
- Family Night
- Veterans Day
- No Preference

Are you able to commit 1 meeting per month? YES ___ NO ___

What skills/expertise would you like to offer to the PTO?

Thank you so much for your interest and support!