

# CRANBURY SCHOOL PTO FAMILY MEMBERSHIP FORM (2018-2019)

(Please complete all information exactly as you would like it to appear in the PTO Directory)

Mother's Name (first and last): \_\_\_\_\_

Father's Name (first and last): \_\_\_\_\_

Mother's Preferred Phone (cell or work): \_\_\_\_\_

Father's Preferred Phone (cell or work): \_\_\_\_\_

Home Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

(This number will appear in the PTO Directory)

Preferred Family E-mail Address: \_\_\_\_\_

(This email address will appear in the PTO Directory)

Check # or Cash: \_\_\_\_\_ (\$25 Made Payable to Cranbury School PTO)

Check here if you do **NOT** want your e-mail shared with the Cranbury Township Municipal Alliance\* for event notification purposes: \_\_\_\_\_

## Children Attending Cranbury School (2018-2019):

First and Last Name

Grade (as of Sept. 2018)

(List from youngest child to oldest child)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\* The Municipal Alliance on Drug Abuse and Alcoholism is a Cranbury Township Committee established for the purpose of coordinating community and governmental agency efforts to reduce alcoholism and drug abuse. It is not affiliated with the Cranbury School PTO.