



\$ ___ cc ___ ck ___

2018-2019 Family Membership

Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

E-mail address _____

Children's names, ages _____

Where did you learn about us? FB ___ Success By 6 ___ LTEC ___ Other ___

Would you like to help at an event? Yes or No

Enclosed: Family Membership \$15.00

I would like to make an additional donation \$ _____

Total: \$ _____

Please complete and return this form with your check made payable to Early Childhood PTA to:

Early Childhood PTA - Treasurer
3575 SW Liggett Rd
Blue Springs, MO 64015

Photo Release

Our historian photographs many ECPTA activities. These photographs are used to create scrapbooks of our events and may be used online (scrapbook publication website, Facebook page, etc.). Names are not published with images. Photographing children and publishing these images requires parental permission. Please indicate your preference below:

___ Yes, you may photograph/film my child and publish images for the purposes stated above.

___ No, I do not want my child photographed or filmed.

Child's Name _____

Parent/Guardian Signature _____

Date _____

Blue Springs Early Childhood PTA

Supporting our community for 67 years and counting!

1951-2018