

Cleary PSA Membership Form [2017-2018]

*Please return this form to your child's teacher
or place in the Cleary PSA mailbox in the school lobby.*

Please Indicate: I am a

Parent Staff Member Alumni Other

Your
Name: _____

Email address *: _____

** By providing an email address, you will be receiving notifications from psa@clearyschool.org
on all PSA related events and information.*

Phone: _____

Child's name (if applicable) _____

Child's Teacher _____

Please check where it applies to you.

____ I would like to join the Cleary School PSA and I am enclosing a check/cash for the membership donation of any amount. (Please make check payable to the **Cleary School PSA**.)

____ I would like to volunteer to attend and help with PSA events.

____ I cannot attend events, but would like to help in another way, e.g., preparing food items, picking up supplies to send in with my child, etc. Please contact me with further details of what is needed.

____ Keep me informed on PSA events.

COMMENTS: