

**CHALMETTE ELEMENTARY SCHOOL
2016-17 PARENT-TEACHER CLUB REGISTRATION FORM**

Parent / Guardian Name(s): _____

Names of your children who attend Chalmette Elementary:

<u>Child's Name:</u>	<u>Grade:</u>	<u>Homeroom Teacher:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ I have attached the \$5.00 Family Membership Fee.

_____ I am interested in serving on a PTC committee.

_____ I am available to meet/help during daytime hours.

_____ I am only available in the evening.

** Even if you are a working parent, we encourage you to be a part of our Chalmette Viking family. There are many ways for everyone to be involved.

Special interests / talents / business connections that may help us to provide enrichment for our students: _____

The best phone number to contact me during the day is: _____

My e-mail address is: _____

I prefer to be contacted by: _____ phone _____ e-mail