



Please complete the enrollment form and return to school via the front desk or send back in your child’s folder.

GROCERY STORE CHOICE	# OF \$100 VALUE CARDS	TOTAL OWED

Name: _____ Cell: _____

Please send my FFT envelope home with my child:
_____ in _____ grade and _____ class.

I plan to pay each month with:
____ credit card
____ check

Any questions? Contact Heather Mintz at 919-368-5758 or Misty Wood 252-717-5673
Email FFT@parrottacademy.org