**Savannah Lakes PTO (SLPTO) Membership Form**

*(Please complete & submit with $5 dues (per family) to the front office or your child’s teacher via their take home folder)*

**Member’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_**

**Spouse’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Email Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell / Text Phone\* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(\*by providing, you are “opting in” to get messages from SLPTO like meeting notices, volunteer requests, etc..)***

**Name of Child at SLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Child at SLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Child at SLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Child at SLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SLPTO meets one night each month from 6:30-7:30pm at the school…… committees meet in small groups outside of this time AND there are volunteer opportunities at the school during the day. YOUR ATTENDANCE AT MEETINGS IS NOT A REQUIREMENT.**

**Please help us know what to expect regarding your participation by answering the below:**

* **I would like to TRY to participate at meetings, but I can’t be sure of my schedule. Yes No**
* **I CANNOT attend meetings, but I WOULD like to participate via email, so I’m still joining!: Yes No**
* **I CANNOT volunteer time at school, but I WOULD like to participate via email, so I’m still joining!: Yes No**
* **I AM available to assist with volunteer activities as needed during the day throughout the year: Yes No**
* **I CAN speak Spanish and am willing to assist with translation for flyers and/or during meetings: Yes No**

**I have a special talent to offer the SLPTO: (ie: accountant, artist, engineer, writer, instructor, organizer, construction…)**

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**I have the following ideas or comments for the SLPTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**$5 dues paid on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) for this school year**  

**Organización de Padres y Maestros (SLPTO) de Savannah Lakes**

**Forma de Miembresía**

**Nombre del Miembro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apellido del Miembro:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre de Su Esposo(a): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apellido de Su Esposo(a):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dirección de Domicilio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dirección de Correo Electrónico\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\*Opta a recibir mensajes de SLPTO como agendas de reunions, solicitudes de voluntaries, etc…)**

**Teléfono de Casa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono Móvil\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre de su Hijo(a) en SLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grado: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre de su Hijo(a) en SLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grado: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre de su Hijo(a) en SLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grado: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**SLPTO se reúne un martes de cada mes de las 6:30-7:30pm en la escuela… … comités se reúnen en pequeños grupos fuera de este tiempo Y hay oportunidades de trabajo voluntario en la escuela durante el día. SU ASISTENCIA A LAS REUNIONES NO ES UN REQUISITO. Por favor ayudenos a saber qué esperar con respect a su participación respondiendo a lo siguente:**

**El Club de Patrocinadores se reúne una noche cada mes por alrededor de una hora. Por favor ayúdenos a aumentar la participación respondiendo a lo siguiente:**

* **Me gustaría tratar de participar en las reunions, pero no puedo estar seguro de mi horario Si No**
* **NO PUEDO asistir a las reunions, pero ME GUSTARIA participar a través de correo electrónico, así que me unó Si No**
* **NO PUEDO dar de mí tiempo durante el día, pero ME GUSTARIA participar a través de correo electrónico Si No**
* **Estoy disponible para ayudar con actividades de voluntario como sea necesario durante el día durante el año Si No**
* **Puedo hablar español y estoy dispuesto a ayudar con la traducción de volantes y/o durante las reunions Si No**
* **QUIERO aprender acerca de las diferentes posiciónes abiertas y comités de la organización Si No**

**Tengo un talento especial para ofrecer a la Organización de Padres y Maestros: (es decir: contador, artista, ingeniero, escritor, professor, organizador, construcción, etc…)**

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**Tengo las siguientes ideas o comentarios SLPTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **$5 pagados el \_\_\_\_\_\_\_\_\_\_\_\_\_\_(fecha) para este año escolar**