

# BROOKFIELD PARENT'S ASSOCIATION

## Membership Application

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### List all children K-12

<u>STUDENT NAME</u>	<u>GRADE</u>	<u>TEACHER</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Relationship to child/children: \_\_\_\_\_

Have you ever been fingerprinted? Y / N (circle one) If yes, when? \_\_\_\_\_

What is your preferred contact method? Email / home phone / text / other \_\_\_\_\_

Do we have permission to text you regarding BPA activities? Y / N (circle one)

### COMMITTEES OF INTEREST (PLEASE CIRCLE)

Scholarship committee      Box Tops      Book Fair      Halloween Parade  
Labels for Education(Campbell's)      Room Parent      Yearbook committee  
End of year events      Fundraising committee      Field trip/Special event