

**HOSANNA CHRISTIAN ACADEMY
PTO REGISTRATION FORM**

Name: _____

Address: _____

Telephone #: Home _____ Work _____

Email Address: _____

Student Name	Teacher Name
_____	_____
_____	_____
_____	_____
_____	_____

VOLUNTEER AREA

Fundraiser	_____	Chairperson	_____	Committee
Popcorn Day	_____	Chairperson	_____	Committee
Honor Roll	_____	Chairperson	_____	Committee
Supply Packs	_____	Chairperson	_____	Committee
Teacher Lunch Breaks	_____	Chairperson	_____	Committee
Phone Committee	_____	Chairperson	_____	Committee
Red/Black Day	_____	Committee		
Teacher Appreciation Week	_____	Committee		
Box Tops for Education	_____	Committee		

FEEDBACK AREA

PTO meetings are held quarterly (sometimes monthly as needed) with committee meetings held as needed. What is the best time for you?

Day of Week _____ Time _____

COMMENTS/SUGGESTION

PTO membership dues are \$15.00/family. Make checks payable to HCA PTO