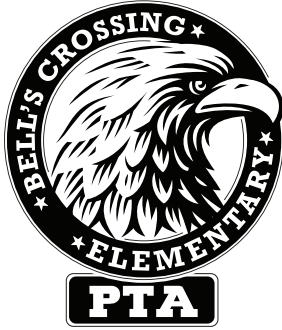


Welcome to Bell's Crossing Elementary School!



You can help make a difference in the lives of our students by joining the Bell's Crossing Elementary PTA! The PTA works closely with the school to provide enrichment programs and funding to support the educational needs of our children, including:

- Providing funding for much-needed items such as new technology for the classrooms, updated playground equipment, new tools/resources for classrooms and related arts, online learning resources, among others
- Offering mini-grants to help fund educational materials requested by teachers
- Funding the annual Artist in Residence Program
- Giving students the opportunity to publish their very own books through the PTA Publishing Center
- Organizing fun, family-friendly events for our Bell's Crossing family



★ Each membership comes with coupon packet. Classes with 100% membership by Sept. 10 win special prize! ★

This school year, our goal is to achieve 100% PTA membership, which means that we need one membership for every student. **Memberships are only \$5 per person**, and there is no limit to the number of memberships you may purchase. If you have more than one child at Bell's Crossing, then please consider buying multiple memberships to help us achieve our goal! You may also purchase memberships for all the adults and children in your family, including grandparents and siblings. Please complete one form per family, and attach payment to this form. Thank you for helping us soar to 100% by joining the PTA today!

Please list the names below of your child(ren) attending Bell's Crossing:

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Membership #1: parent student teacher/staff grandparent other relationship to student: _____

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Membership #2: parent student teacher/staff grandparent other relationship to student: _____

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Membership #3: parent student teacher/staff grandparent other relationship to student: _____

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Membership #4: parent student teacher/staff grandparent other relationship to student: _____

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Total number of memberships purchased: _____ x \$5.00 = \$ _____ (Checks should be made payable to BCES PTA)

For PTA Use: Date received: _____/_____/_____ Cash \$ _____ Check # _____