

My Children Attend: Circle **ALL** that apply

NMHS SMS SNIS JPS H&P NES TEACHER

_____ Please check if a family member is a teacher/employee in the New Milford Public Schools.

Which School(s)? _____

I would like to help with _____ at
_____ school(s).

Please complete this form and return it to any school, with your payment. Please address the envelope PTO Membership, or mail to PTO with your check for \$10 per family made payable to New Milford PTO. Please send to: The New Milford PTO, P.O. Box 1343, New Milford, CT 06776.

Parent Name: _____

EMAIL Address: _____

Phone No.: _____

Your membership helps us to improve the quality of education for your children.

Your \$10.00 yearly membership fee encompasses your whole family in the New Milford School system. Your name will appear on all the school lists where your children attend.

The New Milford Parent Teacher Organization meetings are held monthly. Check our website or Channel 17 for date and time.

We encourage your membership and your participation.

Please try to return completed envelope by September 30th, so that we are able to utilize our membership lists for fall activities. Thank you for your support.

Save Postage! Return envelope to a school.