

Montvale PTO Class Directory Form

Dear Parents/Guardians,

Your child's class parents for the upcoming school year are looking forward to getting to know you and your children. They will introduce themselves to you at Back to School Night. If you have any questions about school or PTO-related activities, please feel free to contact either one of them during the year (there are 2 class parents per class). You are also welcome to contact the PTO directly by sending an email via the PTO website (www.montvalepto.com).

One of the first things your class parents will do is publish a "Class Contact List" for each child. The Contact List will include each child's name, names of parents/guardians, home addresses, email addresses and phone numbers. Participation is voluntary. Please fill in the lower half of this page and return it to your class parents or teacher at Back to School Night. **If you wish to be included in the Class Contact List you must complete this form.** Parents rely on these directories for birthday parties, play dates, etc.

In addition, at the teacher's request, class parties are held during the school year. Each child contributes **\$15 (cash only please)** to help cover party expenses. In some instances this amount may not cover the cost of all parties, in which case you may be asked to donate additional supplies during the year. **Please try to remember to bring \$15 with you to Back to School Night.** There will also be a **voluntary** donation of **\$5 for MEF/PTO fundraisers** collected with class money should you wish to contribute.

Alternatively, class party money with the class directory form (below) can be sent into school with your child by October 5th. Please place the money and the completed form in an envelope and write your child's name and "Attn: Class Parents" on the envelope. Teachers will then provide to one of the class parents.

Sincerely,

Tara Hill, VP PTO Fieldstone (taralynnrd@optonline.net)

Cindy Merlino, VP PTO Memorial (cmerlino02@gmail.com)

PLEASE COMPLETE AND RETURN BY Thursday, October 5th PLEASE PRINT CLEARLY

CONTACT INFORMATION:

Child's Name: _____

Parent/Guardian Names: _____

Address: _____

E-mail Address: _____

Home Phone #: _____

(circle) Mom / Dad Cell Phone #: _____ Okay to text? _____ YES _____ NO

CLASS DIRECTORY, VOLUNTEERING, & FOOD ALLERGY INFORMATION:

Do you wish to be included in the Class Contact List? _____ YES _____ NO

I am willing to: _____ Chaperone _____ Assist at Parties _____ Donate Supplies

*** DOES YOUR CHILD HAVE ANY FOOD ALLERGIES *** _____ YES _____ NO