



# CFK PTA MEMBERSHIP & CONTRIBUTIONS FORM

## 2017-2018

### 1. Parents' / Guardians' Contact Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

### 2. Child's Name

### Child's Teacher

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 3. Fees & Contributions

<b>PTA MEMBERSHIP FEE</b>	<b>\$25</b>
Includes Membership to SCPTA & CFK Car Magnet	
<b>SCIENCE &amp; LIBRARY FEE</b>	<b>\$ 100</b>
<b>\$100 PER CHILD</b>	<b>\$ _____</b>
<b>ADDITIONAL CHILDREN</b>	<b>\$ _____</b>
The PTA pays the salaries for the Science Teacher & Librarian. To avoid having more than one fundraiser, this hassle-free fee allows our students, faculty, & parents to focus on school instead of fundraising. Please refer to the school contract signed when you accepted your child's place at CFK. Please see payment plan options below.	
<b>BIRTHDAY BOOK CLUB</b>	<b>\$ _____</b>
<b>\$20 PER CHILD</b>	<b>\$ _____</b>
Donate a book to your child's classroom library. Child's name will be written inside the book to show they donated it.	
<b>TOTAL OF ALL FEES &amp; CONTRIBUTIONS</b>	<b>\$ _____</b>
	<i>Enter column total above</i>

**4. Payment Plan Options - CHOOSE ONE by placing 'X' in the first column.**

'X' ONE	PAYMENT PLAN	DETAILS	% OF TOTAL DUE NOW	ENTER AMOUNT DUE NOW
	One-Time Payment	Pay total now	100%	\$
	Two- Payment Plan	Two equal payments - One payment now & the remainder on Jan 22. Invoice & payment reminder will be sent by email via the Square application.	50%	\$
	Four- Payment Plan	Four equal payments - One payment today & remainder on: <b>Nov 2, Jan 10, Mar 27.</b> Invoices & payment reminders will be sent by email via the Square application.	25%	\$

**Parent Signature** \_\_\_\_\_

By selecting a Payment Plan Option and by signing this form, you are agreeing to allow CFK PTA to set up a payment plan which will be billed to you by Square, Inc. on the dates listed above. If funds are not available, you will be subject to any fees associated by your bank and Square. Please contact the PTA Treasurer, Ellen Scott, [escott1995@gmail.com](mailto:escott1995@gmail.com), before the payment due date if you are aware of a problem.

**Credit Card Details**

*This information will be shredded after being loaded into the Square application for billing purposes.*

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (3 digits on back of card): \_\_\_\_\_

Zip Code for card: \_\_\_\_\_

**Thank you for your support!**

Please hand deliver this form and your payment to CFK Reception or to a PTA board member during PTA events. Please make checks payable to "CFK PTA". For any questions about the PTA, please go to [www.cfkpta.com](http://www.cfkpta.com) or email: [cfk.pta@gmail.com](mailto:cfk.pta@gmail.com).