



North Dallas Early Childhood PTA

Membership Enrollment Form 2009-2010

- ★ Please return no later than September 3, 2009 to be included in the membership directory.
- ★ Membership fee is \$35 plus nursery fees, made payable to NDECPTA.
- ★ Mail check and form to: Brooke Fossey, 3911 Gaspar Road, Dallas, TX 75220

1 Member Information

Name: _____ Birth Date: _____ Spouse's Name: _____
Address: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ E-mail: _____

2 Children: Name Day Out Program/Preschool Birth date

_____	_____	_____
_____	_____	_____
_____	_____	_____

3 If you are expecting, please tell us your due date: ____/____/____

4 New Member Returning Member (Check one please)

5 Would you like a copy of the directory? Yes No

★ **Newsletter Q & A Spotlight Questions** ★ *Throughout the year, we will spotlight various members in our newsletter. Please check "NO" if you do not want to be spotlighted in the newsletter:* NO

Hometown _____ Favorite hobby _____

Favorite place to take my kids _____ Favorite date spot _____

College/University attended _____ How long you have been married _____

On Saturdays, you might find me _____ Favorite book/magazine _____

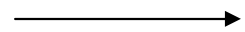
I met my spouse _____ Pet peeve _____

Career _____ Favorite movie _____

Still working? Yes No

I'm famous for doing this _____ Dream vacation spot _____

If you wish to use the nursery service during our monthly meetings,
please complete the reservation form and waiver on back



NURSERY RESERVATION FORM 2009-2010

Nursery reservations may be made by the month or year. Take advantage of this discount and save yourself a monthly reservation call by paying the year in advance now. Yearly fees are \$45. Or, pay \$10 per meeting per child. Reservations must be made in advance of the monthly meeting. Drop-in children often cannot be accommodated.

Member's Name _____

Child's Name: _____ Birth Date: _____ Age on Sept. 1: _____ Total \$ _____

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Please list any allergies that your child(ren) have of which we should be aware:

Total Nursery Fees: \$ _____

If you use our childcare service, we ask that you participate during the year to set up, check in, or clean up. Please check which meeting (s) you will assist us with.

Date: Sept Oct Nov Dec Jan Feb Mar Apr May

Duty: Set-up _____ (9am - 9:15) Table Check-in _____ (9:15 - 9:30) Clean-up _____ (11:30 - 11:45)

North Dallas Early Childhood PTA (NDECPTA) Nursery Waiver of Liability Agreement

I, the undersigned, as the parent, sole managing conservator, joint managing conservator, or legal guardian, and acting on behalf of and with the authority of any other parent, guardian or legal representative of (list names of children) _____ (hereinafter referred to as "the child/children") hereby agree to irrevocably and unconditionally release and waive any and all claims and causes of action of injury, death of property damage (statutory or at common law) that I or the child/children may have against NDECPTA, its officers, directors, agents, employees, instructors, or volunteers that arise out of or in connection with the provisions of baby-sitting or nursery services by the NDECPTA. I understand and accept that the safety of the children and screening of the sitters is the responsibility of every member of NDECPTA. I understand and agree that the officers, directors, agents, employees, instructors, or volunteers are not guarantors of the health and safety of the children.

I understand and agree that these claims are released and waived regardless of any cause or of any fault or negligence of NDECPTA, its officers, directors, agents, employees, instructors, or volunteers. As part of the consideration for the child/children being allowed to participate in the babysitting or nursery services of NDECPTA, I hereby personally assume all risks in connection with the child/children's participation in said baby-sitting and nursery services of NDECPTA. I fully understand and accept that NDECPTA is a non-profit, volunteer organization for the benefit of its members.

I understand and agree that I am executing this document voluntarily and without duress from any person; that no representation by any person acting on behalf of NDECPTA has influenced or induced the execution of this document; that I have carefully read and understand this document; that I am not under the influence of any substance nor under any mental incapacity that would affect me at the time of signing, and that I am aware of the consequences of the execution of this document.

Signature

Printed Name

Date