

2025-26 Membership Form

Please support field trips and family events!

Dues are: \$10 - adult

\$8 - child

\$34 for 4 \$42 for 5

| Member 1 Name: | Member 2 Name: | Member 3 Name: | Member 4 Name: | Please list all students that attend Clinton Street Elementary: |
|---|-------------------------------------|---------------------------------------|-------------------------------------|---|
| Address: | Address: _ same as first | Address: _ same as first | Address: _ same as first | Name: |
| , NY 142 | , NY 142 | , NY 142 | , NY 142 | Grade: K 1 2 3 4 Teacher |
| Email:@ | Email:@ | Email:@ | Email:@ | reacher |
| Cell Phone: | Cell Phone: | Cell Phone: | Cell Phone: | Name: |
| () | () | () | () | Name: |
| Home Phone: () | Home Phone: | Home Phone: | Home Phone: | Grade: K 1 2 3 4 |
| | J | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | Teacher |
| Mother Father Child | Mother Father Child | Mother Father Child | Mother Father Child | Name: |
| Grandparent | _ Grandparent | Grandparent | _ Grandparent | C |
| Teacher/Staff | _ Teacher/Staff | _ Teacher/Staff | _ Teacher/Staff | Grade: K 1 2 3 4 |
| Friend/Neighbor | _ Friend/Neighbor | _ Friend/Neighbor | _ Friend/Neighbor | Teacher |
| Other: I would like to volunteer | Other: I would like to volunteer | Other: I would like to volunteer | Other: I would like to volunteer | Name: |
| I would like to volunteel | I would like to volunteer | I would like to volunteel | I would like to volunteer | Grade: K 1 2 3 4 |
| | | | | Teacher |
| | | | | |
| Office Use Only: | | | | |
| Date Payment Method: Cash Check# Total \$ Initials: | | | | |
| adults x \$10= \$ | child(ren) x \$8 = \$ | \$34 Family of 4 | \$42 Family of 5 | Like us on |

