

## PERSONAL INFORMATION

Parent #1 Name _____	Parent #2 Name _____
Street Address _____	Street Address _____
_____	_____
City, State, Zip _____	City, State, Zip _____
Home Phone _____	Home Phone _____
Profession (current/previous) _____	Profession (current/previous) _____
Company _____	Company _____
Mobile Phone _____	Mobile Phone _____
Business Phone _____	Business Phone _____
Email Address _____	Email Address _____
Access Card _____	

The best way to reach me is:  home phone  cell phone  business phone  email

I am a renewing member  I am a lifetime member of the PRC  
 I am a new member  I am a sustaining member

## MEMBER PARTICIPATION SECTION

### ALL MEMBERS MUST COMPLETE THIS SECTION:

I would like to fulfill my member participation commitment by helping with (please indicate a first choice and second choice):

- |   |   |
|---|---|
| <input type="checkbox"/> Administration or Finance  | <input type="checkbox"/> Fundraising                    |
| <input type="checkbox"/> Art & Design               | <input type="checkbox"/> Marketing and Public Relations |
| <input type="checkbox"/> Baking/Cooking             | <input type="checkbox"/> Outreach                       |
| <input type="checkbox"/> Event Planning/Programming | <input type="checkbox"/> Teaching / Leading Classes     |

I would like to pay the \$125 fee in lieu of member participation.

**Please check [www.tinyurl.com/prcevents](http://www.tinyurl.com/prcevents) for volunteer registration and opportunities.** If a family has not completed the required 5 hours of volunteer time they will be billed \$150 at the end of their member year. If, when they join or renew their membership of the PRC, they opt out of volunteering, they need only pay \$125.

The PRC operates as a cooperative, which means it relies on its members to work together to provide services to the whole membership. Member participation at the PRC provides many personal benefits and a great deal of satisfaction. It's a terrific way to meet other Port Washington area parents, make use of your own special skills and make a difference in your community. Please stop by the office or contact [info@parentresource.org](mailto:info@parentresource.org) after registration begins to sign up for the specific volunteer assignments that meet your needs. There are also volunteer opportunities listed in emails from the office, so please check these out for the ways in which you can assist.

## REGISTRATION SECTION

CLASS NAME / SECTION	DAY/TIME	CHILD'S NAME	BIRTHDATE	FEE
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

TOTAL CLASS FEES: \$ \_\_\_\_\_

\$350.00 LIFETIME MEMBERSHIP \$ \_\_\_\_\_

\$85.00 2012 MEMBERSHIP \$ \_\_\_\_\_

\$30.00 SUSTAINING MEMBERSHIP \$ \_\_\_\_\_

I AM ALREADY A MEMBER

\$125.00 IN LIEU OF PARTICIPATION: \$ \_\_\_\_\_

PLEASE CIRCLE: DONATION FOR PRC, OUTREACH, OR ROSEMARI VISCOVI SCHOLARSHIP FUND: \$ \_\_\_\_\_

TOTAL ENCLOSED: \$ \_\_\_\_\_

\_\_\_\_ My caregiver, \_\_\_\_\_, will bring my child to class.

Caregiver Cell Phone \_\_\_\_\_

\_\_\_\_ I will need child care for the \_\_\_\_\_ class.

## PAYMENT SECTION

Please make your check payable to the *Parent Resource Center* and mail to the above address.

We also accept Master Card or Visa.

Credit Card Type (circle one)



Credit Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address (if different from home address)

\_\_\_\_\_

Signature \_\_\_\_\_

In Memory of Rosemari Viscovi, our friend and former PRC Board Member, please consider making a donation to the Rosemari Viscovi Scholarship Fund. The donated money will be provided to families in need so that they can enjoy some of the PRC's wonderful art classes. Through this fund, we hope to have Rosemari's spirit live on.