

## PERSONAL INFORMATION

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

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

- |   |   |
|---|---|
| <input type="checkbox"/> I am a renewing member | <input type="checkbox"/> I am a lifetime member of the PRC        |
| <input type="checkbox"/> I am a new member      | <input type="checkbox"/> I am interested in a Lifetime Membership |

### 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"/> Business Management / Finance | <input type="checkbox"/> Teaching / Leading Classes (please choose):   |
| <input type="checkbox"/> Administration / Office Work  | <input type="checkbox"/> "Stepping Stones" Outreach program            |
| <input type="checkbox"/> Graphic Arts / Web Design     | <input type="checkbox"/> "Developmental Playgroups" mommy & me classes |
| <input type="checkbox"/> Baking / Cooking              | <input type="checkbox"/> Marketing and Public Relations                |
| <input type="checkbox"/> Fundraising                   | <input type="checkbox"/> Special Events                                |

I would like to pay the \$75 fee in lieu of member participation.

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.

## REGISTRATION SECTION

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

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

\$50.00 New MEMBER FEE \$ \_\_\_\_\_

I AM ALREADY A LIFETIME MEMBER

I AM ALREADY A 2009/2010 ANNUAL MEMBER

\$75.00 IN LIEU OF PARTICIPATION: \$ \_\_\_\_\_

DONATION FOR PRC, OUTREACH,  
 OR ROSEMARI VISCOVI ART FUND: \$ \_\_\_\_\_

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

MEMBERSHIP CHOICES:  
 Lifetime Member \$350  
 Spring Member \$50  
 Sustaining Member \$30  
 SEE PG. 7 FOR DETAILS

\_\_\_\_\_ My caregiver, \_\_\_\_\_, will bring my child to class.  
 Caregiver Cell Phone \_\_\_\_\_  
 \_\_\_\_\_ I will need child care for the \_\_\_\_\_ class.

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 \_\_\_\_\_

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.