

Cardin Association of Parents Teachers and Students
Registration Form

Parent/Guardian Name: _____

Name of Child/Children: _____

Phone number most likely to reach parents: _____

Email Address: _____

How do you feel that CAPTS can best support The Shoshana S. Cardin School?

Other programs, activities, fund raising events or ideas that you would like to see CAPTS pursue this year?

Please make your \$36.00 check payable to The Shoshana S. Cardin School (with CAPTS dues on the memo line). Thank you for your support!!