

**CARDIN ASSOCIATION OF
PARENTS TEACHERS AND STUDENTS
REGISTRATION FORM**

Parent/Guardian Name: _____

Name of Child/Children: _____

Phone number most likely to reach parents: _____

E-mail 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 the Cardin Association of Parents Teachers and Students take on in the upcoming year?

**Please make checks of \$36.00 payable to The Shoshana Cardin School
(with *CAPTS Dues* on the memo line). We thank you for your support.**