

**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.**