



San Ramon PTA Membership Packet 2018-2019

Dear San Ramon Parents,

We are looking forward to a wonderful school year filled with learning, growth, laughter and fun for the children and families of San Ramon Elementary School.

Joining the Parent Teacher Association (PTA) is a great way to get involved. The mission of the PTA is to enrich each student's educational experience, to support the teachers and staff and to provide opportunities for parent involvement in the school. Being a PTA member gives you a voice and a vote on how things are run here at school. **The PTA meets on the second WEDNESDAY of the month at 7:00 p.m. in the library** Our first meeting of the year is on Wednesday, September 12, so please join us!

The enclosed forms (the Parent's Approval and Student Waiver, the San Ramon PTA Membership and Master Payment Form, the Communications and Directory Form, and the Running Club form) need to be returned to your child's teacher or to the main office no later than **Friday, August 24**.

San Ramon has an emergency container stocked with supplies such as bulk food, water, medical supplies and other emergency equipment so the San Ramon community is ready in the event of a disaster. These supplies need to be updated annually to remain fresh. In addition, emergency preparedness funds are used to train staff in first aid and other emergency skills.

Your donation of **\$5 per** student will help the PTA make San Ramon ready. If you are unable to contribute that amount, any amount helps.

In the event of a disaster, the needs of all students will be met, regardless of your contribution.

To sign up for the weekly Splash (distributed each Friday), please email Maren Kelly at splash.sanramon@gmail.com or login to our school app that can be downloaded from the app store for more communication options.

If you have any questions please don't hesitate to contact us at mimi.srpta@gmail.com

Mimi Nielsen
PTA President

Mikayla Mersereau
VP Fundraising

Kathy Judd
VP Programs

~All forms due by August 24~

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PARENT'S APPROVAL, STUDENT, FAMILY, AND PARTICIPANT WAIVER

2327 L Street, Sacramento, CA 95816-5014 (916) 440-1985 • FAX (916) 440-1986 • Email info@capta.org • www.capta.org

Print the name of all family members who may participate in any PTA sponsored events for the 2018-2019 school year (including student, siblings and parents):

- | | |
|--|--|
| 1. _____
Participant Name (Age, if minor child) | 5. _____
Participant Name (Age, if minor child) |
| 2. _____
Participant Name (Age, if minor child) | 6. _____
Participant Name (Age, if minor child) |
| 3. _____
Participant Name (Age, if minor child) | 7. _____
Participant Name (Age, if minor child) |
| 4. _____
Participant Name (Age, if minor child) | 8. _____
Participant Name (Age, if minor child) |

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we hereby advise that the above named minor(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.):

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

- | | | |
|-----------------------|---------------------|---------------|
| 1. _____
Signature | _____
Print Name | _____
Date |
| 2. _____
Signature | _____
Print Name | _____
Date |

_____	_____	_____	_____	_____
Address	City	State	Zip	Phone (including area code)

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2018 - 2019 Annual Giving Campaign

The Family Giving Campaign can be the biggest fundraising effort of the year! The purpose of the Family Giving Campaign is to bridge the gap between what the state provides and what it REALLY costs to deliver an outstanding education to each of our students. The PTA contributes about \$200 per student annually to enrich their classrooms and education.

If every family donated \$200 per child, we would FULFILL our fundraising efforts for the 2018 – 2019 school year.

Options	Donation	Information
Option 1	\$750	<p><u>Supports programs for 3 students for the year</u></p> <ul style="list-style-type: none"> • Receive two free tickets to our school auction (non transferable) \$130 value • PTA membership for 2 included • Receive a \$50 credit for spirit wear
Option 2	\$550	<p><u>Supports programs for 2 students for the year</u></p> <ul style="list-style-type: none"> • Receive family pass to the San Ramon 50th Family Celebration • PTA membership for 2 included • Receive a \$25 credit for spirit wear
Option 3	\$250	<p><u>Supports programs for 1 student for the year</u></p> <ul style="list-style-type: none"> • PTA membership for 2 included • Receive one free San Ramon t-shirt (\$10 value)
Option 4	\$200	<p><u>Supports programs for 1 student for the year</u></p> <ul style="list-style-type: none"> • PTA membership for 2 included • Receive a San Ramon bumper sticker for your donation.
Option 5	Any donation amount is appreciated. It's for the kids!	

This is a tax deductible contribution. Tax ID/EIN #23-7059941

Please check with your employer to see if your company matches charitable donations

PAYMENTS: May be made today via credit card, cash, a check made out to San Ramon Elementary PTA, or PayPal: www.paypal.com using: srelementarypta@gmail.com.

Although our pledge drive runs through September 28, your donations are welcome anytime.

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San Ramon PTA Membership/Communications Form

Please note that **only one payment form per family is needed**. Please read all the enclosed forms before filling out this Master Payment Form, and return this form to your child's teacher or the school office by Friday, September 7, 2018.

Parent 1/Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone Number: _____ Cell (optional): _____

Email address: _____

Parent 2/Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone Number: _____ Cell (optional): _____

Email address: _____

I do not have email and will pick up a copy of the newsletter in the office.

Student Name(s) & Grade(s):

Item	Quantity	Total \$
Family Giving Campaign (credit card payments at www.paypal.com to srelementarypta@gmail.com)		
PTA Membership (without Family Giving Campaign - \$15/person)		
Charitable contribution to PTA (tax deductible):		
Emergency Preparedness (\$5 per child):		
Library Gift Book (please fill out the form - \$25 per book)		
Library General Donation		
Birthday Marquee (please fill out the form - \$25 per message)		

Please make checks payable to San Ramon PTA.

TOTAL: \$_____

- I would like a receipt for my charitable donation for tax purposes.
- Please include my family information in the Directory. Please sign below.
- Please include ONLY my child's name in the Directory. Please sign below.

X _____

Parent signature is required to be included in the Directory.

***If you are interested in getting a school directory please email: directory.srpta@gmail.com **
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Donate a Book!

Help the San Ramon school library expand its collection of quality books for our children!

How The Gift Book Program works:

- ★ Honor, memorialize, celebrate or otherwise acknowledge a person or event for a donation of \$25 per library book. Please, only one book per child! The head librarian will order the books specifically for that child’s developmental reading level and age group.
- ★ Each book will include a commemorative bookplate with your child’s name (and/or the honoree’s name) and a brief inscription inside the front cover.
- ★ In addition, your child gets to be the first person to check the book out of the library!

How to participate:

Fill out the attached order form (**please print**) and make checks payable to the San Ramon PTA in the tax-deductable amount of **\$25 per book, per child**. Return to school no later than **October 15, 2018**. Remember, your donation is the **ONLY** source of new books for the library and will ensure that the library continues to be a valuable resource for all children at San Ramon Elementary. Thank you for supporting the San Ramon Gift Book Program!



San Ramon Gift Book Program!

I, _____ would like to donate a book to the Library in honor of _____ . Please include this special message on the bookplate: _____

Your Phone Number _____ Room Number/Teacher _____



San Ramon Gift Book Program!

I, _____ would like to donate a book to the Library in honor of _____ . Please include this special message on the bookplate: _____

Your Phone Number _____ Room Number/Teacher _____

★ *You are also welcome to make a general donation (in any amount of your choice) to our school library book fund on the PTA membership form.*

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San Ramon Running and Walking Club

The San Ramon Running & Walking Club (SRRWC) will begin the 2018-2019 Season on Wednesday, September 19th for 1st- 5th grades only. The SRRWC is an optional program that takes place once a week during lunch recess. Each runner will receive a necklace and special tokens, corresponding to each milestone they complete.

Name of Runner(s):

_____ will participate in the San Ramon Running & Walking Club.

I hereby advise that the above named minor has the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician or which could limit participation:

** If no allergies, please write "None" **

Parent Signature: _____ Date: _____

Please fill out this form for participation and return even if you are unavailable to volunteer

**** We need volunteers on the field. Please sign up below to help! ****

_____ Yes, I can help with Running Club at Lunch Recess on Wednesdays

*Volunteers are requested to be on the field 15 minutes early.

Name: _____

Email: _____

Phone: _____

Availability (please circle one): 1x Month 2x Month More than 2x per month

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Celebrate Your Student's Birthday On our NEW Electronic Marquee

Childs name: _____

Birthdate: _____

Date you would like your birthday message displayed: _____

Message you would like displayed (no more than 15 words) _____

Please return this form to your child's teacher or to the office. Questions, email birthdaysre@gmail.com. Please contact us one weeks prior your child's birthday, if possible, or we cannot guarantee placement. Additional forms are available in the school office.

Donation of \$25 to San Ramon Elementary PTA. Please deliver donation to the office.
Federal Tax ID number 237059941

FOR THOSE WITH SUMMER BIRTHDAYS- we are happy to celebrate half birthdays or celebrate during the first and last months of school!

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