

VERONA C.H.I.L.D.: Children Having Individual Learning Differences
2016-2017 Membership Application

Please download the fillable PDF, complete and save the document and then email it to:
childverona@gmail.com

Name: _____

Address: _____

Phone: _____ (home) _____ (cell)

Email: _____

Membership Type/ Please check one: Parent: ___ Faculty/Staff: ___

Grade(s) of children: _____ School: _____

I would like to be a C.H.I.L.D. volunteer:

- | | |
|---|--|
| <input type="checkbox"/> Grant Writing Committee | <input type="checkbox"/> Circle of Friends Parent Groups |
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> SAFE Program |
| <input type="checkbox"/> Outdoor Reading Room Committee | <input type="checkbox"/> SCA Liaisons: |
| <input type="checkbox"/> Workshop Coordinator | <input type="checkbox"/> Laning |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Brookdale |
| <input type="checkbox"/> Public Relations Writer | <input type="checkbox"/> Forest |
| <input type="checkbox"/> Website Coordinator | <input type="checkbox"/> FN Brown |
| <input type="checkbox"/> Parent Group Coordinator | <input type="checkbox"/> HBW |
| <input type="checkbox"/> Scholarship Committee | <input type="checkbox"/> VHS |
| | <input type="checkbox"/> Preschool |
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