

SEPTA Membership Form 2010-2011

Parents

The strength of the Fairfield Special Education PTA, Inc., (SEPTA) comes from you – the parents of children with special needs. SEPTA works within the community to promote an understanding of special education and we strive to enrich the lives of children with special needs and the lives of their families. We focus on education issues, community and recreational programs and often sponsor educational enrichment events and programs. Membership benefits include: The weekly edition of the SEPTA Star news letter - which includes notification of our meetings & programs along with other useful information and resources related to SEPTA and from other outside sources, the SEPTA Directory – listing parent & staff/administration contacts, participation in SEPTA sponsored programs, a voice in planning and executing activities and programs that benefit the growth and development of our children.

To become a member of the Fairfield SEPTA, please fill out the information below. Please note that all information is held in the strictest of confidence and will not be shared with anyone. Membership forms can be turned in at monthly SEPTA meetings (check our website for more details – www.fairfieldsepta.org) or completed forms can be sent to:


SEPTA Membership, c/o Bonnie Newman, 189 Woodside Circle, Fairfield, CT 06825.

For any questions regarding SEPTA Membership, you can contact Bonnie at bsnewman@optonline.net or at (203) 331-8077.

Membership Dues - \$10 per person for the year 2010-2011

Donations are always welcome. Fairfield SEPTA is a 501c3 tax exempt organization and all donations are tax deductible to the extent permitted by law.

Please PRINT clearly.

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Last Name _____ First Name _____

Address _____ Zip Code _____

Home Phone No. _____ or Cell Phone No. _____

E-mail (s) _____

Child(ren)'s School & Grade _____

Does your child(ren) have an IEP or an other type of accommodation? (optional) Y or N

Child(ren)'s Diagnosis (*optional) _____

**This information will only be used in helping to determine what types of programs need to be developed & also to update our resource list. It will not be included in the directory. Occasionally there might be the need for information on specific Dx's or the need to support another family with the same diagnosis, if so, may we ask for your help? Y or N*

May we email you about programs and other issues regarding SEPTA? Y or N

May we publish your contact information in our directory? Y or N

May we use photos of your child(ren) taken at social events or programs? Y or N

Newsletter Y or N Scrapbook Y or N Website Y or N

What would you like to see SEPTA accomplish? _____

Signature _____ Date _____

(For SEPTA Membership use)

_____ CASH or _____ CHECK (Ck # _____) DATE RCV'D _____