



North Elementary PTA






Parent Name _____ Email Address _____

Mailing Address _____ Phone # _____

***Do you want to be on the PTA email/volunteer list? YES NO

Child Name	Teacher	Grade

Description	Quantity	Cost	Total					
Donation (100% goes to PTA)								
PTA Membership (\$1 goes to our school)		\$5						
Fluoride-please complete permission section below (\$5 per student per school year)		\$5						
SUU Thunder Kids (\$10 goes to our school)		\$15						
Yearbook		\$10						
T-shirt 	Child	XS	S	M	L	XL	\$8	
	Adult	XS	S	M	L	XL	\$10	
T-shirt 	Child	XS	S	M	L	XL	\$8	
	Adult	XS	S	M	L	XL	\$10	
Hat 	Kids can wear this school hat on Fridays!						\$10	
Paver Stone	Around new Flag Pole						\$100	
*** Shirt orders due by September 1st .							TOTAL	
Received By:	Date:						Amt Paid:	Check # / Cash

Make checks payable to "North Elementary PTA" or pay through VENMO or PayPal (Friends and Family payment style)

Fluoride Program

North Elementary School is inviting students to participate in a fluoride mouth-rinse program to reduce dental decay. This simple method of applying fluoride has been demonstrated to be safe and effective in reducing tooth decay by an average of 35%. Under supervision and with your permission your child will rinse with a 0.2% neutral sodium fluoride rinse solution for one minute each week. The program will start again this school year. If your child were to accidentally swallow the weekly portion of solution, it would not produce any adverse reaction.

We encourage you to allow your child to participate in this valuable health project. If the weekly mouth rinse is combined with daily fluoride tablets, daily brushing, regular dental visits and placement of sealants in permanent molars, dental decay can be nearly eliminated.

Please complete this form and return it to the PTA. The cost to participate for one school year is \$5.00 per child.
 I have read and understand the Fluoride Program information and I would like my child/children to participate in the fluoride mouth-rinse program and I am enclosing the program cost of \$5.00 per child for the service.

Parent/Guardian Signature _____ Date _____