



North Elementary PTA 2018-2019







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 (Delivered at the end of the school year)		\$10	
Paver Stone (Installed around flag pole . Orders due Sept. 30 th)		\$100	
Heathered Unisex T-shirt 	Child XS S M L XL		\$8
	Adult XS S M L XL 2XL 3XL 4XL		\$10
Heathered Girl's Fit T-shirt 	Child XS S M L XL		\$10
	Adult XS S M L XL 2XL 3XL 4XL		\$12
Performance Unisex T-shirt 	Child XS S M L XL		\$10
	Adult XS S M L XL 2XL 3XL 4XL		\$12
Hat 	One Size Fits All (Kids can wear this school hat on Fridays!)		\$10
	For Hat only, please circle: Glitter No Glitter		
*** Shirt and Hat orders due by August 31st***			TOTAL
Received By: _____	Date: _____	Amt Paid:	Check # Cash VENMO

Make checks payable to "North Elementary PTA" or pay through VENMO

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 _____