



Valley Regional Programs PTO

**PTO P&V serving Valley. T.I.P..
Access. Summit and Little Tots**

Class Parent Volunteer Interest* **(Must be returned by September 24th)**

Parent Name (First and Last): _____

Child Name (First and Last): _____

Teacher's Last Name: _____

Address:

Home: _____ **Cell:** _____

Email: _____

*Class Parents must be a paid PTO Member in good standing