



LOFT 2008-2009 Membership Form

Mission Statement

We, the Lakewood Catholic Academy Organization of Families and Teachers, shall strive to promote the spiritual and temporal growth of Lakewood Catholic Academy. We shall engage in the raising and contributing of funds to be used for the enhancement of the organization and for the benefit of the school to promote the best interest of Catholic education.

Name _____
 Address _____
 City _____ Zip Code _____
 Phone () _____ E-mail _____

Please check here if information above needs updated in the LCA directory.

Please list your child(ren)

Name	Grade 2008-2009	Check here if you would like to be a Room Parent

I/we would be interested in helping with the following events (check all that apply).

- | | |
|--|---|
| <input type="checkbox"/> Magazine Sale | <input type="checkbox"/> Fall/Halloween Festival |
| <input type="checkbox"/> Night at the Races (Chairperson needed) | <input type="checkbox"/> Flower Sale |
| <input type="checkbox"/> Fall & Spring Junior High Dances | <input type="checkbox"/> Easter Candy Sale |
| <input type="checkbox"/> Breakfast with Santa | <input type="checkbox"/> Elf Shelf (Chairperson needed) |
| <input type="checkbox"/> PreK-6 th Grade Social | <input type="checkbox"/> Any Event Needed |

Please return this form with payment of \$5.00 to the school office.
 Please make checks payable to **LOFT**.
 All members of LOFT will receive a copy of the school directory in the fall.
 Thank you for joining LOFT.

FOR LOFT USE: Check number _____ Cash _____ Date Received _____
 Date School Directory Sent Home _____