



Bluffview Montessori

Dear Parent or Guardian:

Your son/daughter is eligible to participate in a school activity requiring them to remain at school after regular hours.. This activity will take place under the guidance and supervision of employees from Bluffview Montessori School. A brief description of the activity follows:

Name of the Event: Board Game Club

Location: Erdkinder Hallway

Designated Supervisor of the Activity: Mr. Josh and Ms. Meghan

Date/Time: Third Thursday of the month from 2:30p - 3:30p

Student Costs: \$0

Please **indicate your plans** for student care after 3:30pm

- ☐ Will join after school care with the YMCA (must be pre-registered)
- ☐ Will be picked up by a family member
- ☐ Will walk home

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place after school hours and that my child will be under the supervision of the designated school employees and designees on the stated dates. I understand I need to make arrangements for my student after 3:30pm. I further consent to the conditions stated above, including the method of transportation.

Print Parent Name

Date

Parent signature

Please return this **entire form** and the required fee no later than: **Tuesday November 15th**