

The background is a gradient of purple and pink. There are several white heart outlines scattered around. A large, glowing pink heart-shaped box with a blue outline is in the center, containing the text 'PARENT'S NIGHT OUT'.

Erdkinder Presents

**PARENT'S
NIGHT OUT**

VALENTINE'S DAY

2.14.2023

Enjoy the evening off while your kids have a Valentine's Glow Party featuring big group games, a scavenger hunt, and valentine's crafts. Students will be provided 2 pieces of pizza, water, popcorn and a special Valentine snack.

Bluffview Community Room

5:00pm - 7:00pm

\$15 PER STUDENT GRADES K - 4

Registrations Due by Monday, February 13th

Several white heart outlines are scattered in the bottom right corner of the poster.

Dear Parent or Guardian:

Your son/daughter is eligible to participate in a school activity requiring being at school beyond normal school 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: Parent's Night Out: Bluffview Movie Night

Eligible Participants: Bluffview Students in Kindergarten through 4th grade

Description of Event: Students may be dropped off starting at 4:50pm and must be picked up by 7:10pm. While at Bluffview, students will be provided two pieces of pizza and unlimited popcorn and a dessert. Students will have the option to watch "Shrek" or participate in our larger group activities under the supervision of Erdkinder teachers with help from Erdkinder students.

Location: Bluffview Community Room (Gym)

Designated Supervisor of the Activity: Susan Webber and Casey Johnson

Date and Time: Tuesday Feb. 14th from 5pm to 7pm

Student Costs: \$15

Other Information: Students will need to be signed in and signed out at pick up and drop off by a designated adult. Please complete the information below for use during this event.

Student Name: _____

Pizza Preference: _____ Cheese _____ Pepperoni

Food Allergies (if any): _____

Other Information we should know: _____

Parent Contact: Name: _____

Phone Number: _____

Who may pick up your child?: _____

If you would like your child to participate in this event, please complete, sign and return this form as a 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 away from the school grounds and that my child will be under the supervision of the designated school employees and designees on the stated dates. 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: **Monday, Feb. 13th**