



# BINGO PARTY NIGHT

FOR PARENT'S NIGHT OUT

11	18	39	57	75
11	37	4	55	6
25	47	★	65	16
10	26	36	46	74

FRIDAY, 16 MAY 2025

DOORS OPEN

4:50 PM

PICKUP

7:00 PM

GRADES KINDERGARTEN -5TH

\$20 PER STUDENT

INCLUDES PIZZA, POPCORN,  
AND PRIZES!

SIGN UP BY WEDNESDAY MAY 14TH

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

**Eligible Participants:** Bluffview Students in Kindergarten through 5th grade

**Description of Event:** Students may be dropped off starting at 4:50pm and must be picked up by 7:10pm. Students will participate in a BINGO night and whole group games. While at Bluffview, students will be provided two pieces of pizza and unlimited popcorn and a dessert.

**Location:** Bluffview Community Room (Gym)

**Designated Supervisor of the Activity:** Meghan Booth, Casey Johnson, Laura Kruger

**Date and Time:** Friday May 16th from 5pm to 7pm

**Student Costs:** \$20

**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: **Wednesday May 14th**