



Bluffview Montessori

Dear Parent or Guardian:

Your son/daughter is eligible to participate in a school activity taking place **after school hours**. This activity will take place under the guidance and supervision of employees and volunteers from Bluffview Montessori School and community. A brief description of the activity follows:

Name of the Event: Reading Extravaganza

Destination: Bluffview Montessori School

Designated Supervisor of the Activity: Bluffview Employees

Date and Time of Activities: March 28th, 2:30 - 4:30 pm

Student Costs: \$10 per student (families with multiple children need not pay more than \$20, but additional donations are welcome)

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.

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I hereby consent to participation by my child(ren), _____,
in the event described above. I understand that this event will take place on school grounds and that my child will be under the supervision of the designated school employees and designees on the stated date. I further consent to the conditions stated above.

I also acknowledge that this event will take place after school hours, and plan on having
_____ pick up my child(ren) after the event at 4:30 pm.

Print Parent Name

Date

Parent signature

Please return the bottom portion of this form and the required fee of **\$10 per child** no later than:
Monday, March 17th, 2025.