



IVYCREST MONTESSORI PRIVATE SCHOOL



BIRTHDAY PARTY REQUEST 2 WEEKS NOTICE REQUIRED



INFORMATION

Child's Name: _____ Room Number: _____

Parent's Name: _____ Phone Number: (____) _____

PARTY REQUEST

Preferred Date: _____ Day (Fridays are recommended): M T W Th F

Second Choice: _____ Day (Fridays are recommended): M T W Th F

Morning Snack

Lunch

Afternoon Snack

Items you will be bringing: _____

Suggested items: *Fruit cups, brownie bites, individual cupcakes or cookies.*

Friendly reminder: *Products containing nuts are not permitted.*

Please note: *Parents are responsible for providing all supplies needed to ensure the party is a success. This includes plates, napkins, and serving utensils. Cutting utensils are not available. The school will provide milk or juice and cups. Please do not bring cups or any outside drinks. Themed party supplies are permitted, however, balloons are not. For more information about the guidelines and policy, please refer to the Parent Handbook or see the office.*

Parent(s) staying to assist? Yes No

Parent's Signature: _____ Today's Date: _____

OFFICE USE ONLY

Date Approved _____ Denied

Authorized School Official _____ Date _____

CHECKLIST

Public Calendar Communication Book Kitchen Teacher Computer Entry Message