

**SACRED HEART SCHOOL SLEEPOVER**

**Date April 7th from 6pm to 8:30 am**

Pizza and breakfast will be served

# Sleepover

Parents must complete a consent form and send it back with \$5.00 no later than March 10, 2017

I \_\_\_\_\_ give my permission for my child \_\_\_\_\_ to attend

the sleepover. My child has medical-allergies \_\_\_\_\_.

My phone # \_\_\_\_\_

Emergency contact and relationship \_\_\_\_\_ Parents must be able to be contacted at any point by staff.

I will volunteer \_\_\_\_\_

Times (1). 6 to 9 (2) overnight (3) 7am to 9

I will donate pizza \_\_\_\_\_

I will donate snacks \_\_\_\_\_

I will donate breakfast \_\_\_\_\_

Parents must have Cori on file to volunteer

Signature \_\_\_\_\_

This event is hosted by Grades 1,2 and 3