| DEAR PARENT/GUARDIAN: | |
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| WE WILL BE HAVING OURPARTY ON | |
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| THE INGREDIENTS. IF YOU HAVE | E TAKE THE TIMETO RESEARCH E ANY CONCERNS AND DO NOT E IN THE ITEMS BEING OFFERED, PORTION OF THIS FORM TO |
| THANK YOU! | |
| My child may partake in the items | being offered during the class party. |
| _I do not want my child to partake in party. A snack from home will be pro | the items being offered during the class vided. |
| CHILD'S NAME: | CLASS: |
| PARENT'S SIGNATURE | |