

## PS84 Birthday Celebration Request

Child's Name: \_\_\_\_\_ Official Class: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Room: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Does the Birthday child have a sibling at P.S. 84? \_\_\_\_\_ Yes \_\_\_\_\_ No

Sibling Name: \_\_\_\_\_ Class: \_\_\_\_\_

Would you like the sibling present for the celebration? \_\_\_\_\_ Yes \_\_\_\_\_ Not Necessary

Date of Celebration (*please provide at least 3 dates in preference order*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are bringing food items, please indicate what you will be sharing with the class. (*No candy please*)  
Please select ONE of the items below:

|                                       |   |
|---------------------------------------|---|
| _____ Mini Cupcakes                   | _____ Mini Muffins                      |
| _____ Homemade _____                  | _____ Ice Cream Cake or fruit popsicles |
| _____ Whole Grain Crackers / Pretzels | _____ Other _____                       |

\_\_\_\_\_ I am also bringing CUT FRUIT ( indicate type: \_\_\_\_\_ )

Will you be providing beverages? Yes No (*remember, no soda please*)

If so, please indicate below:

\_\_\_\_\_ Bottled Water \_\_\_\_\_ a pitcher and cups

All celebrations will take place during the last period of the school day (2:00PM – 2:40PM) and should allow time for clean-up and routine dismissal procedures. Please check with your teacher for their classroom policies and allergies. Don't forget to bring a candle! Happy Birthday!

*I fully understand and agree to adhere to the aforementioned guidelines.*

\_\_\_\_\_  
*Parent Signature*

### OFFICE USE ONLY

Date Submitted: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Administrator: \_\_\_\_\_