



Winter Party

When: December 16th at 2:00pm

Where: your students' classroom

We'd like to invite you to our annual Winter Party celebration! This party is meant to be a short, fun experience for students to make some merry memories as we prepare for our winter break.

- **PARTY SPONSORS:** Instead of asking for food/drink items, we are asking for "Party Sponsors" who will financially support the snack for the party. Ideally, we need \$1.60 per student in your class. On page 2, you will see a spot to check off if you'd like to sponsor for \$5 or a different amount. These monies will be used to purchase a snack for your class that meets nutritional and allergy guidelines. Once fund needs for Winter Party are met for your class, the monies will be forwarded towards your class' Valentine's Party.
- **PERMISSIONS:** Because of nutritional/allergy guidelines, ALL STUDENTS must have permission to receive the snack. We plan to serve Kona Ice Snow Cones with a variety of flavors available. If you would like more information, please visit kona-ice.com. If this is acceptable, please sign on page 2. If not, please sign that you will provide an alternate snack. Contact Nurse Mariola or Staci Etheridge (bobstac@gmail.com) with any questions.
- **SCHEDULE:** All grades will have a special schedule on 12/16 to facilitate snow cone, lunch, recess, Jagapalooza, and party time. Please note that with this special schedule, no food/drink items will be served during party time, as students will have already had their snow cone time.
- **VOLUNTEERS:** Party Parents for each class will be planning fun game and craft activities. They may need your help during the party. If you'd like to volunteer, please complete your MISD background check and check the appropriate box on page 2 of this flyer.

**** PLEASE SEE PAGE 2 FOR DONATIONS AND PERMISSION SLIP!! ****



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**** FOR PARTY COORDINATOR ****

PARENT Name		TEACHER Name	
PARENT Email		PARENT Phone	

I would like to be a party sponsor to support the cost of the party snack.

☐ \$5 Party Sponsors (or \$_____) (please attach/enclose money with returned slip)

**** FOR PARTY PARENT ****

PARENT Name		STUDENT Name	
PARENT Email		PARENT Phone	

I would like to volunteer at the Winter Party on December 16th at 2:00pm. ☐ YES ☐ NO

**** FOR TEACHER ****

PARENT Name		STUDENT Name	
PARENT Email		PARENT Phone	

My child may receive and consume a Kona Ice Snow Cone on December 16th. I have read the information on page 1 of this flyer and give approval for my child to have the snack as listed.

Parent/Guardian Signature

Date

NOTE: If your child is NOT able to eat the snack as listed, and you are providing an alternate snack for your child only, please sign below.

Parent/Guardian Signature

Date

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