



Year End Celebration

(Estimated) Date: _____

We will contact you to confirm your participation prior to this event.

In-Room Help:

| Parent Name | Phone | Email |
|-------------|-------|-------|
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| | | |
| | | |

Send Healthy Snack (per District Food Guidelines):

| Parent Name | Phone | Email |
|-------------|-------|-------|
| | | |
| | | |

Plan/Provide Activity:

| Parent Name | Phone | Email |
|-------------|-------|-------|
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