



**PARENTS... Are you in need of a
Date Night?????**

The Leadership Team is hosting a fundraiser called "Date Night," on **Thursday, November 29th from 4:30-9:00 pm**. We are offering to look after your children for the evening. This will give you the opportunity to go on a date, have a quiet night at home or go **shopping!** We are willing to look after children ages 4 - Grade 5.

- The admission is **\$10.00 per child**.
- Drop off is no earlier than 4:30 pm.
- Pick up **must be no later than 9:00 p.m.**
- **Children must be able to use the washroom on their own.**

Family-rated movies will be shown, activities will be available in the gym and classrooms will also have activities for your child(ren) to do (crafts, games, etc.).

Leadership students and staff will be supervising these activities. **We will also offer the option to prepay and have a hot dog, juice and chips for your child at the cost of \$4.00 per child. Your child will not be able to pay for a snack at Date Night.** If you are not buying a hot dog package, please make sure your child has had supper before you leave.

Funds raised go to support Leadership initiatives at the school.

Please return the attached form by **Wednesday, November 28th** if you would like your child(ren) to attend. If you have further questions, please contact Miss Bertin at the school (403-748-3770).

Thank you for your support.

Leadership Team



Informed Consent/Permission Form

Type of Event: Date Night

Location: Bentley Elementary School

Date(s): Thursday, November 29th

Times: 4:30-9:00

Contact Person: Miss Bertin

Parent Consent(s) of Activity:

I do _____ give my child(ren) _____

_____ permission to participate in the described activity. I have been fully informed of the event and agree to the provision made, including the fee which is enclosed (if applicable).

Name of Parent: _____ (please print)

Emergency Phone: _____ Date: _____

Signature of Parent: _____

Please indicate below anything we should know concerning the health of the children. Include allergies, chronic illness, medication required, etc.

<u>Student Name</u>	<u>Age</u>	<u>Treats (\$4.00)</u>	<u>Cost (\$10.00)</u>

Total: _____

Cash or Cheque payable to Wolf Creek Public Schools accepted.