Sponsored by the 5th Grade Committee

## MOVIE KNIGHT Grades K-2



## STUDENT(S) NAME:

**GRADE & HOMEROOM:** 

**EMERGENCY CONTACT:** 

PARENT/GUARDIAN CONTACT (NAME & PHONE #):

MEDICAL NEED (IF ANY) - EXPLAIN:

\*If my child has a medical need (ie Epipen etc), I must notify BFGibbs5thgrade@gmail.com

## PARENT/GUARDIAN SIGNATURE:

\*I give permission for my child to attend Movie Knight. My signature means that I MUST pick up my child promptly at 8:45PM