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