

**BAYSIDE FAMILY
BABYSITTING FUNDRAISER
FOR KATIE HAMLIN**

**SPONSORED BY MRS. MONTGOMERY AND
BOYS AND GIRLS SERVICE CLUBS**

ENJOY PARENTS' FUN NIGHT OUT!!!!

- **Girls and Boys from Service Clubs will volunteer to babysit Bayside students under the leadership of Mrs. Montgomery. She is one of our loyal Extended Day staff members. She is CPR certified.**
- **2 adult and 2 high school students for every 8 children will be available at all times.**
- **Ages: Pk-6**
- **\$25 1st child/ \$15 2nd child/ \$10 3rd and up.**
- **Where: SAC/ECC depending on number of kids. First come, first serve basis. (We are accepting 75 kids maximum.)**
- **When: SPECIAL DATES: *WINTER JAM NIGHT, VALENTINE'S DAY, MARDI GRAS, ETC.***
- **Pizza and drinks will be provided for dinner at no extra cost.**
- **Activities: Kids will be divided into age groups and they will be involved in some type of games, hands-on-activities, appropriate age-level movies, etc...**
- **Benefits will go to The Hamlins Fund**
- **Please fill out the form below and return to your child teacher along with a check made payable to *Bayside Academy/GSC/Hamlins* at least one week before the night of *babysitting*.**
- **For more information contact Marian Claramunt at 338-6355 or mclaramunt@baysideacademy.org**

**PARENT/GUARDIAN PERMISSION FORM
AND
BAYSIDE ACADEMY RELEASE FORM**

NAME OF ACTIVITY: Babysitting fundraiser for K. Hamlin

DATE: _____

NAME(S) AND GRADES OF CHILDREN:

NAME OF PARENTS/GUARDIAN:

(mother) _____ (father) _____

PARENTS' PHONE NUMBERS: (home) _____ (cells) _____

ANY ALLERGIES: _____

OTHER EMERGENCY CONTACT: (name) _____ (phone) _____

We understand that participation in this activity is voluntary and that by signing this form we are giving our free consent for my child(ren) to participate in this activity.

We accept and assume all risks inherent to and associated with participation in this activity and also accept and assume full responsibility for any legal liability which may result from personal action taken by the above named student(s).

We release from any and all liability Bayside Academy and/or any of its employees/chaperones/volunteers acting on their behalf for any injury, debilitating condition, damages, and/or claims which may result from participation in this activity.

We do hereby grant permission for the designated chaperones to authorize emergency medical treatment for my child(ren) if we cannot be contacted. We also give permission for my child(ren) to be transported to a hospital for emergency medical care by chaperones in the event that we cannot be reached. We also assume full responsibility and liability for any and all medical expenses and/or claims that might result from said emergency.

Health insurance company: _____

Policy #: _____

Group #: _____

PARENT SIGNATURE: _____ **DATE:** _____