



Notice of Birthday Celebration



Day/Date of Party: _____ Time of Party: Snack Time

Child's Name: _____ Birthday: _____

Parent's Name: _____ Phone Number: _____

Teacher's Name: _____ Number of Children in Class: _____

I will bring in the following Commercially Prepared Options: (please circle)

Cookies, Cake, Other _____

Including Healthy Option: Cut-up Fruit, 1% milk, veggie s

other _____

I WOULD LIKE TO SERVE	
YES	NO

Napkins, Cups, Plates, Other _____

Please return this completed form to the office at least ONE WEEK prior to the party