



Tis the season to be very busy. Let the staff of Chatham Park help you during this time. Drop off your children for a fun-filled evening of games, puzzles, crafts & more all supervised by staff members.

When: Friday, December 7th from 5:00pm - 8:00pm

Where: Chatham Park Elementary

Who: Students in grade K-5

Suggested donation is \$10 per child. All money will go towards the End Hunger NE fundraiser for the school wide service project to help end hunger in Havertown

Students should eat dinner prior to arrival and are welcome to bring a peanut free snack to enjoy during the event.

Please submit the Parent Consent/Emergency Form and donation by Friday, November 30th.

Any questions please contact:

Ms. DiValerio- cdivalerio@haverfordsd.net or Mrs. Tonelli- ktonelli@haverfordsd.net



Parents' Night Out Registration Form

Please complete one form per child

Child's Name: _____ Grade: _____

Please choose three topics that your child would like to participate in during the night:

_____ gym games _____ Minute to Win It _____ BINGO
_____ board games _____ craft _____ building (Legos, K'nex, etc.)
_____ puzzles _____ coding with droids _____ coloring/drawing

Parent/Guardian Name: _____

Email Address: _____

Phone Number: _____

Alternate Phone Number: _____

Emergency Contact #1 Name/Relationship: _____

Phone Number: _____

Emergency Contact #2 Name/Relationship: _____

Phone Number: _____

I understand that a nurse will not be present during this activity and that any services typically performed by a nurse, including dispensing of prescription and/or over the counter medication, will need to be performed or provided by the parent/guardian.

In case of an emergency, when neither parent(s) nor emergency contact can be reached, I give school authorities permission to call a physician, or take whatever action is deemed necessary, including transporting my child to a local hospital at my expense. I agree to release and hold harmless the School District of Haverford Township and its directors, administrators and employees from any liability for personal injury to my child or damage to the personal property of my child and to indemnify and hold harmless the School District of Haverford Township, its directors, administrators and employees for any claims asserted of the nature described in this paragraph.

Parent/Guardian Signature: _____ Date _____