

# 8th Grade Babysitting Fundraiser- Trivia Night

To Benefit the 8th grade Culminating Trip

## Rules - Please Read Carefully!

- Check/cash payments are made in advance of the event to PCCS. No same day sign up.
- Children must be picked up by the end time. A late fee of \$3 will be charged per child per minute beginning 5 minutes after the shift ends. Only cash will be accepted and payment is due upon arrival. NO exceptions.
- For children ages 3-11 (toddlers must be potty trained) PCCS families
- Lovies and teddy bears are welcome; please do not bring any other items such as electronics, small toys or beads. All items must be labeled with the child's name.
- Popcorn will be provided during the movie. If you bring other snacks, please make sure they are nut free.
- We are NOT responsible for lost or stolen items.
- Pricing: \$20--one child; \$30--two children; \$40 for three or more
- Submit the form: Attention: [Mrs. Wright](mailto:twright@pccharterschool.org) (twright@pccharterschool.org)

Friday, January 25th from 6:30 pm until 10:00 pm

We staff based on RSVP, so it is a must that you do so early or we may not have enough room for your child(ren). We will not accept more children than we can staff. This is to ensure your child(ren) have a fun & well supervised time.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Please list any information about special problems/needs including: Allergies, Existing Illnesses, Disabilities and Use of medications, etc. Note: We will not administer any medications.

### **Waiver: Please Read and Sign Below on the day of the Event**

I hereby certify that my child is fever free, in good health, and capable of safe participation in this program. I assume all risk and hazards incidental to the conduct of the program. I hereby authorize the staff of PCCS to obtain emergency treatment for my child and also authorize medical personnel to treat my child. I understand the staff and volunteers at PCCS will make all attempts to contact me and that I am responsible for all medical bills and charges arising from medical treatment.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_