



All Aboard... K-6th Graders!

Join us for the annual **WC sleepover**! Kids will celebrate Polar-Express style and parents get a night out to get some Christmas shopping done or relax!

Event Details:

Who? Catholic Community of Washington Kindergarteners-6th Graders

When? Saturday, Dec. 2 @ 4:00 PM - Sunday, Dec. 3 @ 8AM

Where? **WC BirdCage** (Boys will sleep in the BirdCage. Girls will sleep in the Middle School Gym.)

What? A whole night of fun! **Mass. Pajamas. Pizza. Games. Christmas Stories. Saintry lessons. Crafts. Dancing. Hot chocolate. Cookies. The Polar Express movie. Special guests.**

How much? \$30 per child. \$15 for each additional child in the same family.

Info: Come in your favorite Christmas pajamas! Bring a sleeping bag & pillow. Dinner, snacks and everything in between will be provided. If your child has food allergies, please send dinner with them. (We will be having cheese pizza, sugar cookies, hot chocolate and popcorn.)

*****Please pre-register if possible. We will also be accepting registrations at the door. For questions, please contact Jessie Davis at 812-787-2655.***

W.C. Sleepover Permission Slip

Option A: Sleepover

Saturday, December 2nd -4:00 P.M. until

Sunday, December 3rd -8:00 A.M.

Name(s) of Student(s) and Grade(s) _____

Emergency Contact name and number _____

Please list if your child has any food allergies, or will be in need of any medication at the sleepover _____

COST: \$30.00 per child, if you have more than one child in grades K-6 the cost for the additional sibling(s) will be \$15.00 each. Please make checks payable to the Catholic Community of Washington, or CCW.

OPTION B: Saturday Night Only

Saturday, December 2, 2017 4:00 PM until 9:30 PM

Student's name _____

Emergency contact name and number _____

Please list if your child has any food allergies _____

Please check the option you are going with:

___ **Option A:** (\$30.00 for one child) Sleepover

Additional sibling(s) ___ (\$15.00 per additional sibling)

___ **Option B:** (\$25.00 for one child)

Additional sibling(s) ___ (\$12.50 per additional siblings)

Please make checks payable to **CCW (Catholic Community of Washington)

Parent Signature: _____



PARENT REQUEST FOR STUDENT'S PARTICIPATION IN EXTRACURRICULAR ACTIVITY

Washington Catholic Schools Parish/School

Destination/Purpose of Trip: K-6th Grade Sleepover in Bird Cage & Middle School Gym

Date of Trip: December 2, 2017 Mode of Transportation: N/A

Departure Time: 4:00 PM 12/2/2017 am/pm Return Time: 8:00 AM 12/3/2017 am/pm

Transportation Cost to Student: \$30 Admission Cost to Student: N/A Other Cost: N/A Total Cost to Student:

Additional Notes: \$30 For the first child/\$15 additional child

Please return to: By:

Dress Code for Trip: N/A

Please detach and keep top portion for your records - return bottom portion to the school.

Destination: K-6th Grade Sleepover in Bird Cage & Middle School Gym

Educational Purpose of Trip:

Date of Trip: Dec 2, 2017 Teacher Name: Grade:

To parent/guardian: This permission slip must be filled out completely including signature and telephone numbers.

Please print in ink.

Student Name: Parent/Guardian:

Home Phone: Parent/Guardian Cell #:

Emergency Contact: Phone #:

During this activity I may be contacted at: Phone #

Please provide any pertinent information regarding any chronic medical conditions or allergies as well as any medication (prescribed or otherwise) student is currently taking that must be administered during the course of this trip.

Please sign below and return.

I, the parent/guardian of the above-named student, hereby request that he/she be permitted to attend and participate in the above-described activity or event. I give my approval for my student's participation in the event and agree to assume all risks and hazards incidental to the conduct of the event including transportation to and from the event. I do further hereby waive, release, absolve, indemnity, and hold harmless the Bishop of the Catholic Diocese of Evansville, Most Reverend Charles Thompson, Parish/School, Pastor, Principal and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved with the event including transportation associated therewith from any and all claims, including claims of personal injury to my student or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the event and/or transportation to and from the event.

Date

Parent's/Guardian's Signature