



---

## 6<sup>th</sup> Grade Event

---

When: Friday, March 27th from 5:30 – 7:30 PM

Where: iPlay America (110 Schanck Road, Freehold)

Cost: \$20/student for PTO Members; **\$30/student for non-PTO**

**members**(includes rides, 4D theater, go karts, unlimited non-redemption games, one game of laser tag, and a \$5 redemption game card)

***Please fill out the form below and return to your child's homeroom teacher with cash or a check made payable to "Colts Neck PTO". Mark envelope "PTO 6<sup>th</sup> Grade iPlay" and return by Friday, March 20th. The PTO is now accepting Venmo as a payment @ColtsNeckPTO. Please include student's name and "6<sup>th</sup> grade activity" if using Venmo. Please return the signed form regardless of payment method.***

***Transportation will not be provided. Students must be signed in and out of this event. Food and drink will not be provided, but are available for purchase at iPlay concession stands.***

**Questions? Want to volunteer? Contact Michelle at [mharreskov@aol.com](mailto:mharreskov@aol.com) or Marci at [klein.marci@gmail.com](mailto:klein.marci@gmail.com). Interested in becoming a PTO member? It's never too late! Please go to [coltsneckpto.org](http://coltsneckpto.org).**

---

### 6<sup>th</sup> Grade iPlay America permission slip - Friday, March 27<sup>th</sup>, 5:30-7:30PM

**Child's Name** \_\_\_\_\_ **Payment type – Cash/Check/Venmo**

**Email** \_\_\_\_\_ **Venmo ID** \_\_\_\_\_

**Parent's Cell #** (in case of emergency during the event) \_\_\_\_\_

**Parent's name** \_\_\_\_\_

**Parent signature** \_\_\_\_\_

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in the 6th Grade iPlay America party, March 27th from 5:30-7:30 PM at iPlay America in Freehold. In addition, I do hereby waive, release and hold harmless the Colts Neck PTO, its officers, teachers and volunteers for any injury that my child may suffer in the course of participation in the designated activities. In the case of serious accident or illness, I request to be contacted at the telephone number listed above. If I am unreachable, you are authorized to treat my child according to standard emergency procedures.

**I want to help chaperone. (please circle) Yes No (PTO members only)**

If your child has a health condition, including a severe allergy or special need, a parent or guardian must be in attendance at the event. Please be aware that this event is coordinated and run exclusively by CNPTO parent volunteers. There will be no nurse on duty, nor do we have access to the supplies normally held in the nurse's office such as EPI pens and the like.

