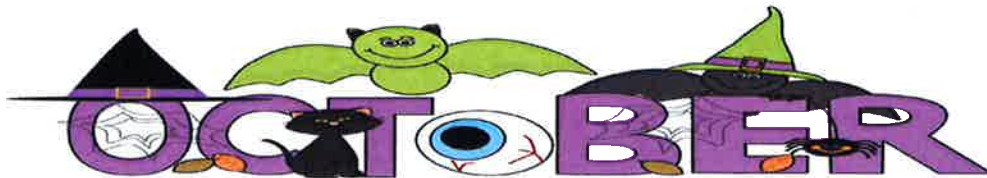




Charter School of Educational Excellence

260 Warburton Avenue, Yonkers, New York 10701
(914) 476-5070 • Fax (914) 476-2858

CSEE Presents the Annual Halloween Bash



October 6, 2016

Dear CSEE Parents/Guardians:

This letter is to inform you that CSEE staff members are organizing the 10th **Annual Halloween Bash**. This event is planned every year to give our students in grades 1st-8th a safe and fun way to enjoy the Halloween festivities. Like many of you, we are concerned about the dangers that Halloween presents to many children today. Door to door trick or treating has become a worry to most parents. We want our children to continue enjoying this fun holiday while staying indoors in a safe environment. In addition to this, we also use this event as an opportunity to raise funds for future activities at our school.

The CSEE Halloween Bash 2016 is scheduled for **Thursday, October 27th from 5:00 p.m. to 7:00 p.m.** Participating students must be picked up at school or take the bus home at the regular time (4:00 p.m.) and can return for the Bash at 5:00 p.m. No students will be allowed to remain in the building after 4:00 p.m. since there is no supervision available in the building for students during this time. If your child will be attending this event, you must make arrangements for your child to be picked up from school on time and returned later for the Bash! Once the bash is over, all students must be picked up promptly **NO LATER THAN 7:00 p.m.** **Transportation is not available for students after the bash.**

The Halloween Bash will be supervised by the teachers, co-teachers, and other CSEE staff members. **TICKETS GO ON SALE TODAY!** You must complete and sign the parent consent form. Please attach the money to the form and submit both to your child's teacher. Teachers will collect money and parent consent forms from children in the mornings until **Tuesday, October 25th.** **Please note that this event is restricted to CSEE students ONLY!**

ADMISSION/COST:

PRE-PAID TICKETS: \$5.00 Children

THERE WILL BE NO TICKETS SOLD AT THE DOOR

- **DEADLINE FOR PRE-PAID TICKET PURCHASES - - - Tuesday, October 25th**
- **PARENT CONSENT FORM REQUIRED FOR STUDENT PARTICIPATION. NO EXCEPTIONS!**

If you have any questions, please contact the school at **914-476-5070 Ext. 26**

Thank you.

Cindy V. Lopez
Principal

Price List of Goodies



| | |
|---------------|--------|
| Water | \$1.00 |
| Tattoos | \$1.00 |
| Face painting | \$1.00 |
| Games | \$2.00 |



“FREE” with Student **ADMISSION:**

**JUICE AND CHIPS
GOODIE BAG**

Happy Halloween

The text 'Happy Halloween' is written in a large, bold, black font. The word 'Happy' is on the top line and 'Halloween' is on the bottom line. The letters are decorated with various Halloween-themed icons: a witch's hat on the 'H' of 'Happy', a bat on the 'p', a jack-o'-lantern on the 'y', a tree branch on the 'l', a witch's hat on the 'e', a jack-o'-lantern on the 'o', a witch's hat on the 'w', a jack-o'-lantern on the 'e', and a jack-o'-lantern on the 'n'. There are also small orange and yellow flowers scattered around the text.

HALLOWEEN BASH CONSENT FORM
FOR GRADE 1-8
2016-2017



| | |
|---|--|
| Student's (FULL) Name: _____ MI _____ Last Name, First Name | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Grade/Class: _____ |
| Address: _____ House # Street City/Town State | |
| Parent/Guardian's Name: _____ | |
| Telephone 1: _____ Telephone 2: _____ | |
| In the event a parent/guardian cannot be reached in the case of an emergency please contact: | |
| Name: _____ Relationship: _____ | |
| Telephone: _____ Telephone: _____ | |
| If your child requires medical attention and we cannot contact a parent and/or emergency contact person: | |
| <input type="checkbox"/> I give permission for my child to get immediate medical treatment. | |
| <input type="checkbox"/> I do not give permission for my child to get immediate medical treatment. | |
| Student Doctor's Name: _____ Telephone: _____ | |
| Please describe any medical conditions or allergies your child may have that the school should be aware of (including allergies to specific foods, limitations to physical activities, etc.). _____ _____ | |
| <input type="checkbox"/> My child does not have any medical conditions or allergies to food that I am aware of. | |
| <input type="checkbox"/> I give permission for my child to participate in the 10 th Annual Halloween Bash at CSEE on Thursday, October 27, 2016. | |
| Parent/Guardian's Signature: _____ Date: _____ | |

ALL FORMS MUST BE COMPLETED AND RETURNED TO YOUR CHILD'S CLASSROOM TEACHER NO LATER THAN TUESDAY, OCTOBER 25, 2016

