





Request for Ice Cream Birthday Party

Child's Name:				
Teacher's Name:				
Provide ice cream for:	One Class:	\$25	Entire Grade:	\$50
Total Amount Enclosed: \$				ine of check: <u>Ice Cream for</u> yable to St. Bernadette School.)
Requested Date of Party:	Ice cream party requests need to be turned in a <i>minimum of 10 days</i> before requested date.			
Please note that Ice Cream Party date discretion of the teacher. Parent Contact Information:	es & times are	dependent o	n the individual class	s schedule and are at the
Contact Name:				
Telephone:				
Email:				

Please send form and payment to the front office, thank you!

Requests for December parties must be submitted no later than November 15.

Requests for parties must be submitted no later than May 17, 2024.

NO parties will be scheduled in June.

For the Office: