

TEACHER: \_\_\_\_\_

## Quarton Party Checklist

### **To be completed by teacher and party chair**

Purpose of Party \_\_\_\_\_

Activities planned

Organizer

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Is the committee aware of children with food allergies? Please list them here & how food served will accommodate these allergies.

Food planned

Organizer

1. \_\_\_\_\_
2. \_\_\_\_\_

Only parents on the committee may attend party - OR  -All parents may attend.

Duration and date of party \_\_\_\_\_ Start Time: \_\_\_\_\_

Budget for party \$ \_\_\_\_\_

Size of group for party \_\_\_\_\_ (i.e. grade level, individual class, parents invited – amount?)

Location (availability) \_\_\_\_\_

Room request form submitted and/or Special set-up request form submitted

Informed Unified Arts Teachers, Cafeteria Manager & Noon aides regarding dates

Approved by principal