



SBIES Room Parent Party Check List

Room Number: _____

Teacher: _____

Party/Party Date: _____

Time Helpers Arrive: _____

Time of Party: _____

Room Parent Name & Phone Number:

Party Volunteers:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Party Info:

Was a note sent home with the class? yes/no

Were treat bags made? yes/no

Who made the treat bags? _____

Who is responsible for bringing the treat bags? _____

If you are having the following items, who is responsible for them?

Games: _____

Craft: _____

Snack: _____

Drink: _____