***Treat your child to a Special Gift on his/her Birthday***

 **Treat your child to a Special Gift on his/her Birthday!**

**Choose any of the two birthday gifts you would like to send, and PTO will deliver it to your child on his /her birthday or the Friday before if it’s on a weekend. Complete the form below with money in a closed Ziploc bag/envelope and drop it off in the front office PTO box.**

***Please check one box to confirm selection***

 ***Gift #1 $10.00***

* ***Balloon***
* ***Candy***
* ***Birthday card***
* ***Small toy***

 ***Gift #2 $15.00***

* ***Plush***
* ***Balloon***
* ***Candy***
* ***Birthday card***
* ***Small toy***

***Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Teacher/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does your child have any food allergies? Yes No***

***If so, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***ALL BIRTHDAY GRAM ORDERS MUST BE PLACED ONE WEEK PRIOR TO DELIVERY.***