

DATE:

TIME: LOCATION:

REGISTRATION:

COMING SOON TO A THEATRE NEAR YOU!

THE FIRST EVER MJDS FILM FESTIVAL FUNDRAISER EVENT!



MJDS students are invited to the first-ever MJDS FILM FESTIVAL FUNDRAISER EVENT! Participants will enjoy a variety of games and activities. This will be followed by a special theatrical presentation of selected short films created by MJDS student filmmakers from the Clapboard Kids Film Workshops after-school program! Freshly made popcorn will be served during the film screening as a snack. Student filmmakers and Clapboard Kids film teacher, Valerie Weiss will be in attendance to do a Q&A after the film showings. So, come and support MJDS while enjoying a fabulous fun and film-filled afternoon!

Noon-3:00 p.m. (Note: Formal school day ends at Noon on March 6 for Purim.)

Please return completed registration forms with payment to the school office, in

Registration includes: Games and activities, viewing of films and a snack.

Friday March 6th, 2015

\$20/student, additional siblings: \$15/sibling

MJDS

	the envelope marked: MJDS FILM FESTIVAL EVENT.
	Note: Registration is open until March 5th.
For questions regarding the event, please contact Valerie Weiss at: timepie@rogers.com	
	Please complete and return the portion below
STUDENT(S) NAME(S):	
EVENT:	MJDS FILM FESTIVAL FUNDRAISER EVENT
PAID BY:	(please mark): cash cheque
TOTAL AMOUNT:	\$
On behalf of my child I release the Montessori Jewish Day School, its directors, officers, employees, volunteers and agents from any liability, causes of action or other claims arising from the student's participation in this event.	
Montessori Jewish Day appropriate, to ensure procedures required.	al emergency and the school is unable to contact me in a timely manner, I hereby authorize the School of Toronto to take whatever steps are necessary, and to make whatever decisions are the health and safety of my child. Furthermore, I agree to bear the costs of all medical care and the undersigned releases the Montessori Jewish Day School, its directors, officers, employees, from any claims arising out of any medical treatment that may be required.
Please sign and date	:
Parent or Guardian	