



## CHIJ Our Lady of the Nativity

1257 Upper Serangoon Road Singapore 534793

• Tel: 6385 2455 • Fax: 6385 2012 • Email: [chijoln@moe.edu.sg](mailto:chijoln@moe.edu.sg)

19 April 2017

Ref: 2017OLN\_0266

Dear Parents / Guardian

### Primary 2 Pyjama Party 2017

1. The school is organising a Pyjama Party for our Primary 2 pupils as part of our school's Character Development Programme. The event seeks to reinforce social and life skills such as working in teams, and to values like personal responsibility. It is also a platform for pupils to bond with their teachers and peers.
2. The details are as follows:

<b>Date/Day</b>	19 May 2017 (Friday)
<b>Time</b>	6.00pm – 8.00pm
<b>Venue</b>	School Hall (assemble in foyer)
<b>Attire</b>	Nightwear (pyjamas/nightgown)

3. Activities include a sing-a-long session, some games, a story telling session and a short nap time. Your daughter/ward should be dressed in her nightwear and may bring along one item she needs when she goes to bed e.g. a soft toy, a small pillow.
4. Please take note that **school hours are as usual** on Friday 19 May. Pupils will be dismissed at 1.30pm., and should report back to school at 6pm. Please ensure that your daughter/ward has her dinner before returning to school as we would only be providing a simple snack (a bun). Do remind your daughter/ward to bring along her water bottle.
5. Please make the necessary arrangements for your child to be at the party. Please note that the party will end by 8pm and that **the school gate will be closed at 8.30pm.**
6. Please complete the Reply slip below and ask your daughter/ward to submit it to her form teacher by 24 April 2017 (Monday). As there will be consumption of food during the event, we will require information on the pupils' dietary concerns (if any). A nil reply is required.

Yours faithfully

Ms Christina Teo  
Principal

**REPLY SLIP**  
**P2 PYJAMA PARTY 2017**

<b>Name of pupil:</b>		<b>Class:</b>	
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1. I consent / do not consent\* to my daughter/ward participating in the P2 Pyjama Party 2017.
2. I have taken note the contents of the letter and will make the necessary transport arrangements for my child/ward.
3. My daughter's/ward's dietary concerns (if any) : \_\_\_\_\_

Name & Signature of Parent / Guardian: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date: \_\_\_\_\_