



Parents' Night Out Registration Form

Friday, September 27 6:00pm—9:00pm

Parent/Guardian Name: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Email Address: _____

Home Address: _____

City/State: _____ Zip Code: _____

Best Phone # to reach you: _____

Alternate Phone #: _____



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Cost: \$30 per child; \$15 for each additional child

Dinner, snacks, movie, games and activities will be provided.

- * All children must be fully potty trained
- * There are no refunds for children that are removed from the program due to any behavior that is harmful to other children, persons, or themselves.
- * Please do not bring your child if they are sick. We will not allow children who are sick to be dropped off; any child who becomes ill during the program will have their parent called to be picked up.
- * All children will need to be signed in and out by an approved parent/guardian.
- * Late pick-up: \$15 for the first 15 minutes. \$2 per additional minute for each minute after 15.

Parent/Guardian Signature: _____ Date: _____

Paid: _____