

Kid's Night Out Registration Form

6:00 – 10:00 P.M.

Today's Date: _____

Child's Name: (immediate family only)* Date of Birth OR School Grade

*any other children *must have* their own form, parent signature, and check

Address: _____ Phone No. : _____

Parent's Name: _____

Doctor's Name: _____ Phone No.: _____

Allergies/Special Needs: _____

Emergency Phone Number: _____

I hereby give my permission for medical treatment in case of any emergency.

Parent's Signature: _____

Payment due with registration

Cost 1 Child - \$15.00

 2 Children - \$20.00

 3 Children - \$25.00

(No family pays more than \$ 25.00)

- ❖ Cancellation must be received one week prior to event for the registration fee to be refunded
- ❖ Dinner and a light snack will be provided for ages 2 & up
- ❖ Room assignments are made by age/grade level and cannot be changed that night

PLEASE ATTACH YOUR CHECK TO THIS FORM - THANK YOU!!