



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Kid's Night Out Registration

Kid's Night out will be from 6:00-9:00pm with pizza provided for dinner.

Child's Name:	Date of Program:
Gender:	Date of Birth:
Parent/Guardian's Name:	Telephone number:
Address, City, Zip:	Email:
Parent/Guardian's Name:	Telephone number:
Address, City, Zip:	Email:

Please list any allergies your child has to foods or if they require an inhaler or other emergency medication which will need to be sent with them. This should be given to staff at the time of drop-off and picked up at the end of the evening.

Allergies:
Medication:

Please Initial If you would like us to charge your card on file _____

Emergency Contacts and Pick-up Authorization Form

How to reach parents/guardians (Please list the parent you would like us to call first in an emergency.)		
Name	Best Phone Number to reach you:	Other number
Name	Best Phone Number to reach you:	Other number

Please list up to three (3) additional individuals to be contacted in an emergency and non-emergency, if you cannot be reached. Please note that persons listed as "Emergency Contacts" are automatically authorized to pick up your child from the program.

Name	Relationship	Best Number to reach them:
Name	Relationship	Best Number to reach them:
Name	Relationship	Best Number to reach them:

Parent Signature: _____ Date: _____