



Parents' Night Out

COST \$12

6:00—9:00 PM

CHILD'S INFORMATION

NAME _____

First

Middle

Last

Name usually called

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

BIRTHDATE _____ AGE as of September 1, 2009 _____ SEX (Circle) M F

Child's grade in school year 2009-2010 _____

ALLERGIES _____

Are there any special needs, concerns, illnesses, health problems or situations that might affect this child's adjustment in Parents' Night Out? _____

PARENTS' INFORMATION

MCFARLIN MEMBER (circle) YES NO If no, guest of _____

PARENTS' NAMES (1) _____ (2) _____

NAME OF ADULT DROPPING OF CHILD & RELATION TO CHILD _____

WORK PHONE (1) _____ 2) _____

E-MAIL ADDRESS (1) _____

(2) _____

IN CASE OF EMERGENCY IF PARENT CANNOT BE LOCATED

NAME _____ PHONE _____

PHYSICIAN _____ PHONE _____

I give permission for videotapes and /or photographs of my child to be used by McFarlin United Methodist Church for the purpose of identification, education or promotion in both internal and external publications.

RELEASE

Signature of parent or legal guardian _____

Date _____