

Kids Night Out Registration Form

It is time to sign up for the second trimester of our Kids Night Out program. This program runs from 5:30-8:30 with a set fee of \$35 for the first child and \$30 for each additional sibling. You will be billed a month ahead of time. Cancellations must be made one week prior to your scheduled event, for a full refund. Late fees will apply to those who pick up after 8:30 the evening of the event.

Who: Current students and their siblings (ages 3-8). Must be independent in using the bathroom.

What: A fun filled evening of games, dinner and activities! Dinner will consist of pizza, fruit and vegetables and will be provided unless otherwise indicated by you.

When: Once a month from 5:30-8:30 (please make sure children arrive by 6:00 p.m.)

Where: Childsworld Learning Center in Room 12

Why: To offer a fun and engaging environment for children while their parents enjoy a few hours to themselves!

Place a checkmark next to the Kids Night Out you would like to register your child/children for.

January 11, 2019

February 8, 2019

March 8, 2019

Student's Name _____ Age _____

Sibling's
Name _____ Age _____

Sibling's
Name _____ Age _____

Parent/Legal Guardian's
Name _____

Home Phone _____ Cell Phone _____

In addition to a parent/legal guardian, these people are authorized to pick up my child/children from Kids Night Out. (Identification will be required for pick-up).

1. Name _____ Phone number _____

Alternative number _____

2. Name _____ Phone number _____

Alternative number _____

3. Name _____ Phone number _____

Alternative number _____

Please include any additional information that would be helpful to know regarding your child/children, including allergies (if listing multiple children, please specify).

You will be automatically enrolled in the KNO evenings you have requested unless otherwise indicated by Candice A. Please keep a copy for your records.

We reserve the right to refuse any person to pick-up a child we suspect is under the influence of any alcohol and/or drugs. In this case we will assist in coordinating a safe pick-up for the child/children.

By signing below, I give permission for Childsworld Learning Center to call an ambulance or take my child/children to any available physician or hospital to obtain medical treatment at my expense in an emergency, except for any restrictions listed below.

x _____
Parent/Legal Guardian Signature Date