

# St. Mark Lutheran Church/School

## PARENT'S NIGHT OUT

### REGISTRATION

CHILD NAME (LAST) (FIRST) BOY  GIRL  DOB

SECOND CHILD NAME (LAST) (FIRST) BOY  GIRL  DOB

THIRD CHILD NAME (LAST) (FIRST) BOY  GIRL  DOB

PARENT NAME (LAST) (FIRST) HOME PHONE WORK/DAYTIME PHONE CELL/PAGER

PARENT NAME (LAST) (FIRST) HOME PHONE WORK/DAYTIME PHONE CELL/PAGER

ADDRESS (STREET, CITY) (ZIP) PARENT EMAIL

IS THE CHILD/REN A MEMBER OF ST. MARK? HOW DID YOU HEAR ABOUT PARENT'S NIGHT OUT?

NO  YES



**STOP!** PLEASE SIGN THE **MEDICAL** and **ACTIVITY CONSENT** ON REVERSE SIDE ►►

**ENROLLMENT:** PLEASE INDICATE THE PROGRAM IN WHICH YOUR CHILD WILL BE ENROLLED BY CHECKING THE BOX BELOW

**Parent's Night Out: Saturday, February 11- 5 pm - 10 pm Ages: Infant - 11**

Treat yourself to a dinner and a movie out or a quiet evening while your kids have fun meeting new friends, playing games, doing crafts, making cool desserts and watching a movie. **Pizza will be provided for dinner for ages 3 & up. Children ages 1-2 may pack a dinner to bring and must supply their diaper needs.**

**\$25**/child (\$15 additional siblings)

**CANCELLATIONS ACCEPTED A MINIMUM OF 72 HOURS IN ADVANCE (WEDNESDAY EVENING)**

**PAYMENT:** PLEASE INDICATE TOTAL PAYMENT DUE AND METHOD OF PAYMENT BELOW

**TOTAL PAYMENT DUE: \$** \_\_\_\_\_

CASH  
 CHECK# \_\_\_\_\_

OFFICIAL USE ONLY

SIGNATURE: \_\_\_\_\_

**MEDICAL / ACTIVITY CONSENT**

CHILD NAME (LAST) (FIRST) BOY  GIRL  DOB

SECOND CHILD NAME (LAST) (FIRST) BOY  GIRL  DOB

THIRD CHILD NAME (LAST) (FIRST) BOY  GIRL  DOB

PARENT NAME (LAST) (FIRST) HOME PHONE WORK/DAYTIME PHONE CELL/PAGER

PARENT NAME (LAST) (FIRST) HOME PHONE WORK/DAYTIME PHONE CELL/PAGER

EMERGENCY CONTACT (LAST) (FIRST) HOME PHONE WORK/DAYTIME PHONE CELL/PAGER

PHYSICIAN NAME PHONE INSURANCE CARRIER POLICY NUMBER

Are there any allergies, medical conditions, or special needs of which we should be aware? YES  NO

If YES, please explain: \_\_\_\_\_

I authorize a St. Mark designated staff member to administer Basic First Aid as needed

PARENT'S SIGNATURE: \_\_\_\_\_ DATED \_\_\_\_\_

I authorize a St. Mark designated staff member to consent to any medical and/or hospital care, which is given to my children, listed above, in the case the parents or emergency contact can not be reached.

PARENT'S SIGNATURE: \_\_\_\_\_ DATED \_\_\_\_\_

I hereby give my consent for the above children to participate in all Parent's Night Out, age appropriate activities including but not limited to, sports, high energy games, food preparation, crafts and movies. I allow photographs to be taken, while at St. Mark, to be used for marketing purposes (names will not be given out) unless otherwise listed below.

PARENT'S SIGNATURE: \_\_\_\_\_ DATED \_\_\_\_\_

*This information will not be shared with other people or organizations outside of activities sanctioned by St. Mark Lutheran Church without the express written consent of the parent or guardian.*