



5915 Main Avenue  
Orangevale, CA 95662  
916-988-2011

**REGISTRATION FORM - Parents' Night Out**

Today's Date: \_\_\_\_\_

PNO Date: \_\_\_\_\_

Child's name: \_\_\_\_\_ M / F Birthdate: \_\_\_\_\_

Child's name: \_\_\_\_\_ M / F Birthdate: \_\_\_\_\_

Child's name: \_\_\_\_\_ M / F Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_

Allergies/Special needs: \_\_\_\_\_

Parents'/Guardians' name & phone number(s) where you can be reached while your child is at PNO:

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Phone # where parents can be reached during PNO: \_\_\_\_\_

**AUTHORIZATIONS:**

**EMERGENCY MEDICAL ATTENTION:**

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the Orangevale church of Christ staff member in charge to take my child(ren) to:

Dr. \_\_\_\_\_ Complete Address \_\_\_\_\_

Phone #: \_\_\_\_\_ Hospital: \_\_\_\_\_

**I give my consent for this facility to secure any and all necessary emergency medical care for my child(ren).**

**EMERGENCY Contacts / RELEASE List:**

**If parent(s) cannot be reached, please contact emergency contacts. I hereby authorize the Orangevale church of Christ to allow my child(ren) to leave the facility ONLY with the following persons:** I understand they may be required to show their driver's license to prove their identity. (If you are divorced/separated, please bring us a copy of the Custody order signed by the judge, showing who has custody of the child at any point in time.) I will notify the Orangevale church of Christ in writing if anyone, other than the person(s) listed below, will pick up my child(ren).

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**PROGRAM PARTICIPATION:**

My child(ren) \_\_\_\_\_ has my consent to participate in the Orangevale church of Christ Parents' Night Out, which is supervised by members of the Orangevale church of Christ. I will not hold the Orangevale church of Christ or staff responsible for any accidents or any injuries that may occur while my child participates in the program.

\_\_\_\_\_  
Signature of parent or legal guardian Date signed

<b>OFFICE USE ONLY:</b>	
\$3 per child	\$10 per family
Amount paid: _____	cash or check # _____
rec'd by: _____	date: _____