



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PARENT'S NIGHT OUT

REGISTRATION FORM

Date of session _____

Time: 4:30 - 9:30 p.m

Ages: 1 to 11 years old

Cost: Members: \$11 per child - Family Max: \$33

Non Members: \$16 per child - Family Max: \$48

Limited spots available. Early registration is preferred. Limit of 10 spots for non-potty trained children & 30 spots for potty trained children.

Child's Name: _____ M ___ F ___ D.O.B. _____ Age: _____

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Address: _____ City: _____ Zip: _____

Person(s) authorized to drop off/pick child up from PNO:

Name: _____ Relationship to child: _____

Phone you can be reached at during Parents Night Out: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Cell phone: _____

If Parent/Guardian is not available in an emergency, please notify:

1. _____ Phone: _____ Relationship: _____

2. _____ Phone: _____ Relationship: _____

Health History:

Recent operations/serious injuries (include dates): _____

Food Allergies/Asthma: _____ List medication child is presently using on
back of form. Chronic or recurring illness/medical condition: _____ Other: _____

Agreement: In the event that my child needs immediate medical attention for injuries received while at the St. Cloud Area Family YMCA Parent's Night Out, I authorize the YMCA staff to give my child First Aid and transport them to a health care facility if needed. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise. I hereby give my permission for the YMCA staff to change my child's diaper during the time that my child is in their care. I release all pictures of my child taken by the YMCA for YMCA promotional purposes. I understand that there will be a \$1 per child per minute fee for late pickup after 9:35 p.m.

Parent/Guardian Signature: _____ Date: _____

Office Use Only: Amount Paid _____ Date: _____ Method _____ Staff Initials _____