

Parents' Night Out Registration Form

TIME: 6:30 pm-9:00 pm

	Octobe	r 21st	(Open to Wilton Far	nily YMCA MEMBERS Only!)
Child's Name	M	or F	Age	
Second Child	М	or F	Age	
Third Child	M	or F	Age	
Fourth Child	M	or F	Age	
Address				
Address Mother's Name	Home #	Cel	l #	
Father's Name	Home #	Cel	l #	
***E-mail	Address			
(<u>NOTE:</u> An e-mail mes	sage will be se	ent to co	nfirm your spot fo	r this Parents' Night Out.)
PAYMENT METHOD				
\$30 first child \$5 each add	itional child	TOTAL	IIA bbA)TNUOMA	Dates Together):
			CREDIT CARE	
				·
Credit Card Information:				
Name on Card				_
Credit Card Type				<u></u>
Credit Card Number				<u> </u>
Expiration Date				<u> </u>
Signature				_
Do any of your children have a				we should be aware of?
Is your child assisted by a spe	cial needs para	professi	onal at school?	Y or N
	Foley, Special	•		-8384 x 207 <u>one week</u> before
event date to secure a parapro	31C331011a1.			
Emergency information: In th authorize to act on behalf of t Name	he care of you	r child.		ist an emergency contact that you
Address				
Address Relationship				
Home phone number				
Cell or beeper number				
I authorize the Wilton Family medical treatment for my chil	YMCA to adm d. I understan tal emergency	inister Fi d the Wi	irst Aid by a trair ilton Ambulance C	ned staff and to obtain emergency orp will be contacted to transport lity for all fees incurred in the care
Parent/guardian's signatu	ıre			Date