

Parent's Night Out
First Congregational Church
Child Enrollment Form

1st Child's Name _____ Nickname _____

Age _____ Birth Date _____ Grade _____ Siblings Attending _____

List all Food Allergies _____

2nd Child's Name _____ Nickname _____

Age _____ Birth Date _____ Grade _____ Siblings Attending _____

List all Food Allergies _____

3rd Child's Name _____ Nickname _____

Age _____ Birth Date _____ Grade _____ Siblings Attending _____

List all Food Allergies _____

Parent/Guardian Name _____ Authorized to Pick-up _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____

Cell Phone # _____

Emergency Contact Name _____ Authorized to Pick-up _____

Emergency Contact Phone Number _____

Only Adults listed above will be able to pick-up children from the event. Authorized Pick-up persons should be prepared to present ID if asked by a volunteer.