

PARENTS' DAY OUT



Please Fill Out by November 19th

Child's name: _____

Child's Current Grade Level: _____

Child's Birthday: _____

Child's Age: _____

Allergies: _____

Medical Concerns: _____

Parent(s)/Guardian(s) Full Name: _____

Home Address: _____ Phone Number: _____

Parent/Guardian Email: _____

Emergency Contact Person: _____ Relationship to Child: _____

Phone Number for Emergency Contact: _____

Names of any other people who may pick up the child:

- 1.
- 2.
- 3.

Please list any other sibling who will be attending (we also ask you to fill out a form for each sibling, so we have all necessary information):

- 1.
- 2.
- 3.

I acknowledge that photos/videos will be used only for promotional use

Signature: _____