ALL SAINTS
LUTHERAN CHURCH

# Parents Night Out Registration Form

**2018-2019 PNO Dates**

Circle date you are attending

**Dec. 15, Jan. 12, Feb. 9, March 9, April 13**

**5–9 p.m.**

Parent's Night Out is a **fundraiser** put on by the youth and adults of All Saints Lutheran Church. The fundraiser is designed to provide a safe, fun, and creative night for children ages 2—11 while parent (s) are given the opportunity to have some time to themselves knowing that their child(ren) are being well taken care of. Children participate in a rotation of activities that could include: child friendly board games and puzzles, relay games and playing with large toys like tricycles, a craft, snack and each parent's night out ends with a child friendly movie. New this month is a kid-friendly dinner. Check below if interested.

**Cost:** PNO is a fundraiser to help All Saints youth attend a mission trip or Bible camp. Free-will donations are taken to help support youth mission trips and week at Bible camp. We suggest **$25—$30 per child** but all amounts are encouraged and accepted. We truly want this to be a blessing to families.

**Registration:** Please complete this form and submit it either to the All Saints Preschool, Child Care Center or Welcome Center by **the Thursday prior to the scheduled Parents Night Out. You must also complete the medical release portion on the back of this registration form one time per calendar year.** Walk-ins are accepted, it is helpful to our staffing that you register your child (ren) ahead of time.

## Child(ren) Information:

Name of Child:_____Age:_____ Dinner ___Yes ___No

Name of Child:_____Age:_____ Dinner ___Yes ___No

Name of Child:_____Age:_____ Dinner ___Yes ___No

Special needs and/or request to be with another child/ren _____

## Parent Information:

Parents' Names (please print)_____

Primary Phone:_____Alternative Phone:_____

E-Mail:_____

Please contact Kristine Clemens at 952-934-3550, ext. 17 or kclemens@allsaintsmtka.org if you have any questions.

**THANK YOU FOR BEING A PART OF PARENT'S NIGHT OUT AT ALL SAINTS!**

**See reverse side for Medical Release form to be filled out.**

Once you have a medical release form on file you may e-mail Kristine Clemens (see e-mail above) ahead of time to register.

# Parents Night Out Medical Release Form

Please complete the below registration/medical release form for each of your children that would like to participate in Parent's Night Out. These forms will be kept on file until May, 2019. You will only need to complete the below information once per calendar year.

**___ Check here if you already have a medical release form on file.**

**Child(ren) Information:**

Name:_____ Birthdate:_____Age_____

Does participant have any dietary restrictions, medical conditions or food allergies we should be aware of?

___Yes ___ No If yes, list:_____

Name:_____ Birthdate:_____Age_____

Does participant have any dietary restrictions, medical conditions or food allergies we should be aware of?

___Yes ___ No If yes, list:_____

Name:_____ Birthdate:_____Age_____

Does participant have any dietary restrictions, medical conditions or food allergies we should be aware of?

___Yes ___ No If yes, list:_____

**Parent/Guardian Information**

Parent Name:_____ Phone:_____

Parent Name:_____ Phone:_____

Address: _____ City_____ Zip_____

**Permission/Medical Release Information**

Emergency Contact Name:_____Phone:_____

Name of health insurance company:_____

Name of policy holder:_____

Health insurance group number:_____

Health insurance policy number_____

In the case of my son or daughter needing medical assistance **I hereby authorize** one of the adult leaders of All Saints Lutheran Church as agent for me, to consent to an x-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. If an emergency medical need arises, **I expect** to be contacted as soon as possible. I have fully disclosed to the best of my knowledge all medical information requested below.

Parent/Guardian Signature:_____,Date_____

Print Name:_____,Date_____