Parents' Night Out

Science & Movie Night December 14, 2019 5:30 pm to 10:00 pm (Snacks & Dinner Provided)

Registration Form for Parents' Night Out 2019

One per child, please! (3 years (Must be potty trained—5th Grade

Middle and High School Volunteer Assistant Opportunities (Contact Lorenda Murphy, Director of Education – education@cpcsherman.org)

Child's Name			
Birth Date			
Parent Name(s)			
Address			
City	State	Zip	<u>-</u>
Home Phone	Cell	Phone	Work Phone
Email			
Emergency Contact			
Relationship	P		
Please Tell Us About Your Chi	ld: (Must be p	ootty trained)	
Circle Child's Age: 3 4 5 6 7 8 9	9 10-12 13-14		
Child's Grade during 2019-202	20 school year		_
Any allergic reactions?			
Any restrictions to physical ac	tivity?		
Is there anything you would li	ke to share wi	th the Staff?	
Release			
Church, its staff, or volunteers for any medical obligations in	responsible fourred during	or accident claims and the vacation bible sch	ivi-ties and I will not hold Covenant Presbyterian d damages arising therefrom. I take responsibility nool. I authorize the staff to take such actions as including the giving consent for medical treatment.

Date

Signature of Parent/Guardian

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Photo Release Permission Form

I understand that each event during Parents' Night Out 2019 pictures/video will be taken of the children and activities.

I give permission for such as bulletin board Covenant Presbyteria	ds, Web page					
□ Yes	□ No					
Child/Children					. <u></u>	
Signature of Parent/Guard	dian	Date				
Relea	mpleted if some	ild to Nor eone other than t at the end of Par	he custodial pa	arent or guardi		ıe
Child(ren)'s Name(s)						
Parent's Name						_
Name and relationship	of the person(s)	picking up the c	hild: (valid pict	ure ID is requir	red)	
Signature of Parent/Gua	rdian	 Date				