



ALL SAINTS'
EPISCOPAL CHURCH



Parent's Night Out Pre-Registration Form

Child's Information

Name of Child: _____

Age: _____ Time Slot (between 6:00 pm—10:00 pm): _____

Allergies or Medical Concerns:

Parents' Contact Information

Name: _____

Phone Number: _____

Name of Person Picking Up Child (If Different Than Above)

Name: _____

Relationship to child: _____

Emergency Contact (Will be call in event of emergency and you can not be reached)

Name: _____

Phone Number: _____