

# Registration for Parents' Nite Out

Date \_\_\_\_\_

Group (circle) LB HH SP

T-Shirt Given? Yes \_\_\_ No \_\_\_

Name your child likes to be called \_\_\_\_\_ Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

How did you hear about PNO? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent 1/Guardian Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name (if parents cannot be reached) \_\_\_\_\_

Relationship to child \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Food Allergies Yes \_\_\_ No \_\_\_ List \_\_\_\_\_

Medical Concerns Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

Name of home church \_\_\_\_\_ Pastor \_\_\_\_\_

**Emergency Treatment** The undersigned parent/guardian having legal custody or control of the above listed minor, grant emergency permission for any emergency treatment and hospital services that may be rendered to said minor.

**Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Drop Off/Pick Up Safety Info** In order to ensure a safe environment for your child we have a safety team in place that will be watching out for the safety of your child while they are on the Grand Strand Baptist Church campus. This includes staff who monitor the parking lot during drop off and pick up as well as monitoring the area where the activities are taking place. As part of our safety program, we will issue you a "security card receipt" for your child when you drop off your child for the first time. It will be your responsibility to keep up with the security card receipt and to give it to whoever will be picking up your child each night. If the person picking up your child does not have the security card receipt they will be asked to see the safety team leader. The safety team leader will ask them for a photo id and will verify that you have given permission for them to pick up your child before we will release your child. **Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_\_\_

Please list two people below with phone numbers that are allowed to pick up your child if you are not able:

1) Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

2) Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Staff Only:** Parent I.D. Checked \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date \_\_\_\_\_