

Parents' Night Out! Registration/Emergency Cards

Child's Name _____
Birthday/Age _____ Grade _____

Name and ages of other siblings in attendance

Name of Parent/Guardians _____

Address _____

Phone Number _____

Email (if you would like reminders of upcoming Parents' Nights Out!) _____

Name and number of contact people. In case of an emergency, we will call contacts according to the order listed. (please list your cell phone number(s) 1st, if applicable)

1st _____

2nd _____

3rd _____

Allergies or medical information _____

Permission is granted to NBWC and its leaders to act on behalf of _____
in the event of an emergency (child's name)

Parent/Guardian Signature _____

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