

Hope Preschool Parents' Night Out Fundraiser

Saturday, February 18th 2017
5:00PM-8:00PM

Parent's Night Out is a safe babysitting option for parents looking for a few hours to go shopping, go to dinner, or simply relax! While you are busy shopping, eating, or relaxing, members of our preschool and church will provide a safe, fun-filled night for your child(ren)! Movies, games, music and crafts will be provided!

How: Register EARLY!! Space is limited based on age. All spaces are first come, first serve. **To secure a space, the application and payment must be received. Spaces will not be reserved until full payment is received. All payments are NON-REFUNDABLE.**

Ages 6mo.-12mo – 8 Spaces

Ages 18mo-3 years – 20 spaces

Ages 3.5 years – 12 years – 40 spaces

Cost:

First Child: \$15.00

Second Child: \$10.00

Additional Children: \$5.00 ea.

- Children may bring a disposable dinner OR purchase a pizza dinner for \$5/child.

Please read and initial next to each item below. Return this form, with payment to Miss Missy.

_____ I understand that if my child becomes ill or demonstrates behaviors that are inappropriate, I will be required to pick him/her up immediately.

_____ I understand that I am responsible to provide my child with a fully disposable dinner, OR purchase the pizza dinner offered by Hope.

_____ I understand that I am required to pick my child up promptly at 8PM, and that additional fees will be assessed if I am late.

_____ I understand that I am required to provide diapers, bottles, formula, wipes and any other infant care items for my baby.

Photo Policy:

_____ I grant Hope Preschool permission to take my child's photo which may be used on social media.

_____ I do not give Hope Preschool permission to take my child's photo.

Parents' Night Out Application
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Please complete the following information and return with payment to Miss Missy in the Hope Preschool Office. Please note, **your space will be secured once full payment has been received.**

Name of Child(ren) Participating:

Name	Age	Allergies	Other Medical Condition

Parent Name: _____ Phone: _____

Parent Name: _____ Phone: _____

Please list a person we may contact in the event of an emergency. This person may also assume responsibility for your child if we cannot reach a parent.

Emergency Contact Name: _____

Relation to Child(ren): _____

Emergency Contact Phone: _____

_____ I will provide my child/children with a completely disposable dinner.

_____ I'd like to purchase the pizza dinner for \$5/child

OFFICE USE ONLY:

Of Children Attending: _____

Total Amount Due: _____

Payment Method: _____

Received by: _____