

# Parents' Night Out



Bethany Lutheran Church  
Saturday, April 17 • 5:30 – 8:30 pm

Need a break from the kids? Bethany Lutheran Church is sponsoring a Parents' Night Out! We offer childcare for children 1 - 10 years old so you can enjoy a few hours without the kids!

***The kids love this event...and the parents do too!***

★ pizza dinner    ★ entertainment by Andy Z    ★ craft    ★ play time

Cost is only \$15 per child. Family discount is available: first child \$15 and siblings \$10 each.

**Advance registration is required. Registration deadline is April 12, 2010.** Space is on a first-come, first-served basis and is limited to 60 children. **Make your check payable to "Bethany Lutheran Church" with the annotation "Parents' Night Out". *No refunds after April 12.***

**Bring the registration form and payment to the church office or mail to:**

**BETHANY LUTHERAN CHURCH** 1095 Cloud Avenue, Menlo Park, CA 94025

Call with any questions: 650-854-5897

----- CUT & RETURN BOTTOM PORTION THE TO CHURCH OFFICE -----

## Parents' Night Out Registration & Emergency Information Form

### PLEASE PRINT

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ \$15  
Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ \$10  
Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ \$10

**NOTE: Children are in classes by age group.**  
**Check here to have your children together, in the younger child's class.**



**Total Enclosed** \$

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ E-mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

***ATTN: Parents' Night Out is a church-sponsored event. Church staff does NOT have access to preschool files. The following section must be completed in order for your child to attend.***

In the event of an emergency, I can be reached at: Phone number: (\_\_\_\_) \_\_\_\_\_

If I cannot be reached in an emergency, please call:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Please list any allergies, medications or other medical information needed in case of emergency:

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Medical #: \_\_\_\_\_

In the event I cannot be reached in an emergency, I give my permission to Bethany Lutheran Church to contact the family doctor listed above and/or to take my child to an emergency hospital for care by a licensed physician.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date