Green Twig Parents’ Night Out Registration Form for Families Not Currently Enrolled 2018-2019

Thank you for registering for Parents’ Night Out! We are excited to spend the evening with your kids between ages 2 and 10, while you get to enjoy your night out. Please send them in their PJs for fun and comfort!

Just a few reminders:

- There is no fee for current GT families, but we do suggest a donation.
- Friends of current GT families are asked to donate a minimum of $20 and provide GT with information requested on the reverse side of this form.
- All donations are placed into the Parent School Group Fund to be used for community outreach and scholarships.
- Evening is from 6:00pm to 8:30pm. Movie will start at 6:30pm.
- Pre-registration is due Friday prior to Parents’ Night Out date. Due to staff scheduling, we cannot accept requests after due date.
- Snack is not provided, please send your child(ren) with a snack. The Green Twig School is a NUT FREE facility.
- Parents/Legal Guardians who drop-off child(ren) must be the same persons who pick-up child(ren) at 8:30pm.

We are NOT a current Green Twig family.

We have provided information as requested on other side of this form.

Parent/Legal Guardian names and contact information for evening:

Date Selection

Please CIRCLE which date(s) and names/ages of children attending.

You can register for one, two or three nights at this time!

<table>
<thead>
<tr>
<th>Date</th>
<th>Child #1 Name/Age</th>
<th>Child #2 Name/Age</th>
<th>Child #3 Name/Age</th>
<th>Child #4 Name/Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2, 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December 7, 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>January 11, 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To Be Completed By Families Not Currently Enrolled At Green Twig

Please provide us with your child’s name, date of birth and any allergies of which we need to be aware.

Child Name/DOB/Allergies: ____________________________________________________________

Child Name/DOB/Allergies: ____________________________________________________________

Child Name/DOB/Allergies: ____________________________________________________________

Child Name/DOB/Allergies: ____________________________________________________________

Child Name/DOB/Allergies: ____________________________________________________________

Family Insurance Information:
Company/HMO: ____________________________
Group #: ____________________________ Identification #: ____________________________

Parent/Legal Guardian Name(s): ______________________________________________________

Parent/Legal Guardian Contact information for evening of registered date: ____________________

________________________________________________________________________________

AUTHORIZATION FOR EMERGENCY TREATMENT OF MY CHILD

Green Twig will always try to reach a parent or legal guardian if there is an emergency involving your child. If your child becomes ill or is involved in an accident that we feel is serious, we will call 911 which sends a rescue truck (paramedics) and ambulance. If the determination is made that emergency care is needed at a hospital, the ambulance will transport your child to an emergency room for treatment.

As a parent or legal guardian of the above listed child(ren), I hereby give permission for medical personnel to provide any medical or surgical treatment deemed necessary for the well-being of my child if a parent or guardian cannot be reached. I agree I am solely responsible for payment of all costs resulting from the rendering of medical and ambulance services.

Signature of parent or legal guardian________________________________________Date__________________