

Parents' Night Out



- What:** Parents' Night Out, a community outreach program offering 3 hours of fun activities in a safe and loving environment for children (ages 9 months through 5th grade) one Friday each month during the school year.
- Where:** Morningside United Methodist Church, 3674 12th St. S.E., 503 364-5013
- When:** Fridays, 6:30 - 9:30 p.m.
Jan 13, Feb 10, Mar 9, Apr 13, May 11, June 8
- Cost:** **Free!** However, please preregister if possible so we can plan ahead
- Contact:** Morningside, Monday - Friday, 9:00 a.m. - 4:00 p.m., (503) 364-5013

- △ Youth Group
- △ Kid's Klub
- △ Parent's Night Out
- △ VBS
- △ Activity Time

Morningside United Methodist Church Registration and Medical Release Form

Valid from _____ until _____.

Name of Child:	Age:
Address:	Date of Birth:
Zip Code:	Gender:
Home Phone:	Grade:
Email:	Phone No:
Parent/Guardian Name(s):	Phone:
Emergency Contacts:	Phone:
Name/Relationship:	Phone:
Important Medical Conditions/Food and other Allergies:	Date of Last Tetanus:
Physician Name:	Phone No:
Medical Insurance:	Policy #:
Group Name:	
Other information:	

- The above listed information regarding my child is correct, current and complete.
- The above listed information regarding my child, *as corrected*, is current and complete.

My child may participate in Morningside Nursery, Activity Time, Sunday School, Youth Activities, Kid's Klub, Parent's Night Out and Vacation Bible School activities during the above listed dates. I release the local church (Morningside UMC) and its representatives, from liability in the event of accidental injury or illness.

I give permission for my child to receive emergency medical care, including ambulance transportation if necessary. I further agree to assume any financial obligation arising from such emergency treatment. I give the adult leaders the authority to act on my behalf with respect to my child's health and safety during Morningside Nursery, Sunday School, Activity Time, Youth Activities, Kid's Klub, Parent's Night Out and Vacation Bible School during the above listed dates with the understanding that I will be contacted as soon as possible should the need arise. I also agree to have my child's photograph taken and published as part of these activities unless expressly written otherwise.

OPTIONAL

Primary Language: _____

Secondary Language: _____

Race (check all that apply):

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White or Caucasian

Other

Hispanic Origin: Yes No

Disabilities/Special Needs:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____