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## Parent's Night Out

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Reservation Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Additional Contact \_\_\_\_\_

Authorized child pick up \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Child's allergies or special needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event of an emergency I give permission to staff at Trinity to contact:

\_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Trinity Lutheran: 772-4225

Fax Trinity Lutheran: 732-2422

Email Trinity Lutheran: [tlcmwaco@hot.rr.com](mailto:tlcmwaco@hot.rr.com)

Make checks out to "Trinity Lutheran Church"

# ADMISSION INFORMATION

<b>Trinity Lutheran Church Parent's Night Out</b>		Intake Staff Name	
Child's Full Name		Child's Date of Birth	Child's Home Phone No.
Child's Home Address			
Date of First Care or Update of Record:			
Parent or Guardian Name			
Address (If different from child's address)			
<b>List telephone numbers below where parents/guardian may be reached while child will be in care:</b>			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No.
Give the name, address and phone number of person to call in case of emergency if parents/guardian cannot be reached:			
			Relationship
I hereby authorize the childcare staff at Trinity Lutheran Church to leave the childcare operation ONLY with the following persons. List name and telephone number for each. Children will only be released to a parent or person designated by the parent/guardian after verification of ID.			
<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>			
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:			
Name of Physician:	Address:	Phone No.	
Name of Emergency Care Facility:	Address:	Phone No.	
I give consent for the facility to secure any and all necessary emergency medical care for my child.	<div style="border-bottom: 1px solid black; width: 100%;"></div> Signature — Parent or Legal Guardian		
List any special problems that you child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information that care givers should be aware of:			