



PARENTS NIGHT OUT

SEPTEMBER 2011 THROUGH MAY 2012

First Friday of each month :: 6:30pm – 10:00pm, unless otherwise noted. Register by the previous Sunday.
 \$10 per child CGCC Member/per night (Max. of \$20 per family/per night) \$15 per child Non-Member/per night (Max. of \$30 per family/per night)
 Located in the Arts and Education Wing. **QUALIFIED CHILDCARE STAFF** :: Background checked and CPR + First-Aid Certified

<u>Registration form due date</u>	<u>Parents Night Out date</u>
08/28/2011	09/02/2011
10/02/2011	10/07/2011
11/06/2011	11/11/2011*
11/27/2011	12/02/2011
01/01/2012	01/06/2012
01/29/2012	02/03/2012
02/26/2012	03/02/2012
04/08/2012	04/13/2012*
04/29/2012	05/04/2012

PLEASE NOTE: Children are separated into playrooms by age. Activities include playtime, games, and movies. All children must have eaten dinner prior to attending Parents Night Out. In addition, please provide snacks, drinks, diaper bags (if applicable), and a change of clothes.

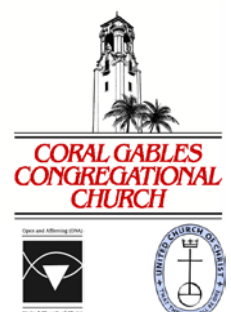
Registration forms and payments **must be received** by the preceding Sunday. Save yourself the trouble: register & pay in August for all nine dates.

MAKE CHECKS PAYABLE TO: Coral Gables Congregational Church

For more information, please contact
 Megan Korallis, Director of Spiritual Formation
 305.448.7421, ext. 119 • MeganK@ucc-cgcc.org

Coral Gables Congregational Church
 United Church of Christ
 3010 De Soto Boulevard | Coral Gables, Florida 33134

www.coralgablescongregational.org



- RELEASE FORM -

FIRST CHILD

I, _____, hereby give permission for my child, _____, male/female (please circle one), age _____, date of birth _____, in grade _____, to participate in *Parents Night Out*–Babysitting Program at Coral Gables Congregational Church, on (please check the dates below), **from 6:30 p.m. to 10:00 p.m.**, at a rate of \$10 per child of CGCC Member/per day or maximum of \$20.00 per family/per day or \$15 per child of Non-Member or maximum of \$30 per family/perday.*

- | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 09/02/2011 | <input type="checkbox"/> 12/02/2011 | <input type="checkbox"/> 03/02/2012 |
| <input type="checkbox"/> 10/07/2011 | <input type="checkbox"/> 01/06/2012 | <input type="checkbox"/> 04/13/2012* |
| <input type="checkbox"/> 11/11/2011* | <input type="checkbox"/> 02/03/2012 | <input type="checkbox"/> 05/04/2012 |

Second child (complete if applicable)

I, _____, hereby give permission for my child, _____, male/female (please circle one), age _____, date of birth _____, in grade _____, to participate in *Parents Night Out*–Babysitting Program at Coral Gables Congregational Church, on (please check the dates below), **from 6:30 p.m. to 10:00 p.m.**, at a rate of \$10 per child of CGCC Member/per day or maximum of \$20.00 per family/per day or \$15 per child of Non-Member or maximum of \$30 per family/perday.*

- | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 09/02/2011 | <input type="checkbox"/> 12/02/2011 | <input type="checkbox"/> 03/02/2012 |
| <input type="checkbox"/> 10/07/2011* | <input type="checkbox"/> 01/06/2012 | <input type="checkbox"/> 04/13/2012* |
| <input type="checkbox"/> 11/11/2011 | <input type="checkbox"/> 02/03/2012 | <input type="checkbox"/> 05/04/2012 |

- PARENT OR GUARDIAN CONTACT INFORMATION -

Parent or Guardian's name: _____
Church Membership: CGCC _____ Other: _____ None: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____
Cell phone: _____ E-mail: _____
If unable to reach, please contact: _____ at _____
Person(s) authorized to pick-up this child: _____

- EMERGENCY MEDICAL INFORMATION -

Child's physician's name: _____
Child's medical concerns of which we should be aware: _____

Any known allergies: _____
I authorize medical treatment for my child in case of an accident or illness, if the parent or guardian cannot be located or an emergency situation should arise.
Parent/Guardian Signature: _____ Date: _____

CANCELLATION POLICY: There are no refunds given for this program.