Parents Night Out (PNO) REGISTRATION

(one per child)

Richland Baptist Church
1632 George Washington Way
Richland, Washington 99354
509-943-9177
richlandbaptistchurch.org

☐ **NURSERY** **under two yrs**.

☐ **PRESCHOOL** **2 yrs. – 5 yrs.**

☐ **GRADE SCHOOL** **K – 5th grade**

Child's Name _____ **Age** _____

Grade _____ **Birthday** _____

Parents' Name _____

Address _____

_____

Where do you attend church?
☐ RBC
☐ other _____
☐ do not attend church

Phone _____ **(home)** **Email address** _____

_____ **(work)** _____

_____ **(cell)**

Allergies/Special Instructions:

Would you be willing to serve as a volunteer one night in exchange for two free PNOs? _____

Emergency contact person if parents cannot be reached:

Name _____ Relation to child _____ Phone _____

Physician's Name _____ Phone_____

I hereby give my permission for _____ to attend and participate in Richland Baptist Church's Parents Night Out and any activities planned by Parents Night Out. I do herewith authorize emergency treatment to be given if necessary only after a reasonable effort has been made to reach us/me the parents or emergency contact. I, the undersigned, do hereby release and agree to hold harmless the Parent Night Out Leadership and Richland Baptist Church from any and all liabilities or claims for personal injury or illness which may be incurred by my child while attending and participating in Parents Night Out and its activities.

Parent Signature _____ **Date** _____