

PARENTS NIGHT OUT REGISTRATION

To register, please complete the form below and return with payment by Friday, November 8, 2024 to:

Calhoun Christian School
20 S. Woodrow
Battle Creek, MI 49015

Questions? Taria.moser@calhounchristian.org or call 269.965.5560

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Parents Night Out Registration Form

Name of Child 1 _____ Age (as of November 1): _____

Known Allergies : _____ Pizza Options (check one): Cheese: _____ or Pepperoni: _____

Name of Child 1 _____ Age (as of November 1): _____

Known Allergies : _____ Pizza Options (check one): Cheese: _____ or Pepperoni: _____

Name of Child 3 _____ Age (as of November 1): _____

Known Allergies : _____ Pizza Options (check one): Cheese: _____ or Pepperoni: _____

**We cannot accommodate all food allergies or special needs - we ask that parents provide food for their child if what we are offering cannot meet their dietary needs.

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Parent/Guardian Signature: _____ Emergency Contact: _____

Phone: _____ Email: _____

Medical Release:

Medical Authorization: My child has permission to attend Calhoun Christian's Parents Night Out Fundraiser. I have no knowledge of any physical impairment that would affect or be affected by my child's participation in this event. In the event of an emergency in which my child requires medical care, I authorize the staff of the fundraiser to act for me and obtain for them whatever medical treatment the staff, in its best judgment, deems necessary and appropriate. In the event that medical treatment is deemed necessary, I give my permission, so that my child may receive medical treatment. I agree to hold Calhoun Christian Parents Night Out, its staff, and Calhoun Christian School harmless for any liability arising out of an act of good faith action involved in the camp.

Parent/Guardian Initials: _____ Date: _____

Additional information: