

KIDS' NITE

at First Presbyterian Church of River Forest

First Name _____

Last Name _____

Grade: 3rd 4th 5th 6th

Birthday _____
Month/Day/Year

PARENT INFORMATION

Parent Name _____

Parent Email _____

Parent Cell Phone _____

Street Address _____

City _____ Zip _____

Allergies or anything else we should know _____

PARENT / GUARDIAN CONSENT & RELEASE

In case of emergency, I give the leaders of First Presbyterian Church of River Forest permission to seek appropriate medical care for my child. I understand every effort will be made to reach me.

If someone other than you will be picking up your child, please provide their name:

Signature: _____

Relation to Child _____ Date _____

We take pictures of the kids during Kids' Nite. Do we have your permission to use your child's photo (not their name) in future promotions? YES NO

Would you be willing to volunteer for a future Kids Nite? YES MAYBE