

Parent's Night Out Registration Form

For PNO Only Families

A Busy Child Daycare & Preschool reserves the right to reschedule or cancel the PNO Evenings due to low enrollment or schedule conflicts. In these situations, a 42-hour notice will be provided and the Program Fee will be refunded. Early drop-offs, late pick-ups, or no-shows for the PNO Program are subject to an additional **\$25.00** Inconvenience fee. Please be courteous and notify me should your plans change and your child will not be attending the PNO evening. A 48-hour notice is required to cancel your reservation. Should you fail to provide us with the required notice, you will forfeit your child's PNO Program Fee.

Your reservation for Parent's Night Out on _____ has been confirmed for the following children:

Child 1	DOB
Child 2	DOB

Please drop your child(ren) off between **5:00** p.m. and **6:00** p.m. All children must be dropped off no earlier than **5:00** p.m. and picked up no later than **11:00** p.m. to avoid a **\$25.00** Inconvenience charge. Please return this form by _____ to reserve your child's space.

Phone Number(s) where parent(s) can be reached during Parent's Night Out:

Phone contact 1	This is my:
Phone contact 2	This is my:

In the event of an emergency I hereby approve any A Busy Child Daycare & Preschool staff member to seek appropriate medical attention for my child. I do not hold A Busy Child Daycare & Preschool or any staff member financially responsible. Each child must have current **Emergency Information** on file in order to register for Parent's Night Out.

I understand if I need to cancel my reservation I must contact A Busy Child Daycare & Preschool **48-hours prior** to the Parent's Night Out evening. I also understand I will forfeit my Program fee if proper notice is not given.

Parent Signature	Date
Parent Signature	Date:

To make changes to your reservation, please call Babette at 720.935.0364

A Busy Child Daycare
& Preschool

Where your child is busy learning and having fun!

Family Information

Please complete the registration form in blue or black ink. All fields must be filled out completely in order to process registration.

Child #1 Information

Name: _____

Address: _____

City: _____ State: _____

Date Enrolled: _____

Date of Birth: _____

Phone: _____

Zip: _____

Child #2 Information

Name: _____

Address: _____

City: _____ State: _____

Date Enrolled: _____

Date of Birth: _____

Phone: _____

Zip: _____

Child #3 Information

Name: _____

Address: _____

City: _____ State: _____

Date Enrolled: _____

Date of Birth: _____

Phone: _____

Zip: _____

Mother/Guardian Information

Name: _____

Address: _____

City: _____ State: _____

Phone: _____

Cell: _____

Zip: _____

Father/Guardian Information

Name: _____

Address: _____

City: _____ State: _____

Phone: _____

Cell: _____

Zip: _____

Emergency Contacts

Person(s) within a 20-mile radius of preschool other than parent or guardian. A minimum of **TWO** Emergency Contacts must be provided.

Primary Emergency Contact

Name: _____ Home #: _____
Address: _____ Cell #: _____
City: _____ State: _____ Zip: _____
Relationship to child: _____ Other: _____

Secondary Emergency Contact

Name: _____ Home #: _____
Address: _____ Cell #: _____
City: _____ State: _____ Zip: _____
Relationship to child: _____ Other: _____

Third Emergency Contact

Name: _____ Home #: _____
Address: _____ Cell #: _____
City: _____ State: _____ Zip: _____
Relationship to child: _____ Other: _____

Person(s) authorized to pick up child

(Other than parents, guardians, or emergency contacts):

Name: _____ Comment: _____
Name: _____ Comment: _____
Name: _____ Comment: _____

Person(s) NOT authorized to pick up child

Name: _____ Comment: _____
Name: _____ Comment: _____
Name: _____ Comment: _____

Emergency Release

Consent to Emergency First Aid & Transportation:

I/We hereby give permission that my/our child, _____ may be given emergency treatment by an employee of **A Busy Child Daycare & Preschool**. I/We also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold **A Busy Child Daycare & Preschool** harmless.

Parent's Signature: _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I/We cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and agree to hold **A Busy Child Daycare & Preschool** harmless.

Parent (s) Signature: _____ Date: _____

I/We further acknowledge **A Busy Child Daycare & Preschool** shall not be responsible for paying for the child's health care. This includes negligent emergency medical treatment, ambulance/medical transportation, medical, hospital or any other associated fees.

I/We agree that neither I/We nor my/our child will bring any claims of any kind against **A Busy Child Daycare & Preschool** as a result of any injuries, expenses or damages that I/we or my/our child may suffer in any way related to the use of the facilities, toys, other children or employees, whether such claims are known or unknown arise in the future.

Emergency Information

Child's Physician _____ Phone _____

Preferred Hospital _____ Phone _____

Insurance Company _____ Policy # _____

Medicaid _____ Medicaid Case # _____

Regular Medications _____

Blood Type _____ Food Allergies _____

Medicine allergic to _____

Other Allergies _____

Special Health Conditions _____