

# Parents Night Out at SOJ! SUMMER - 2017

Pizza, Games, Crafts, Movie, Friends, and FUN!

5:00 pm - 8:30 pm      Ages 3 - 10

\$30 per child/flat rate (\$20 each additional sibling)

Summer PNO is the first and third Friday of each month. Children must be potty-trained. Due to safety concerns, we cannot admit children with severe allergies or medical conditions at this time.

Two slices of cheese pizza and snack are included with admission.

Please return the registration form along with payment (payable to SOJ!) to the church office at the latest by the day before for our planning and preparation purposes.

Summer PNO is hosted by Ms. Stephanie Wolff (email: [smietanawolff@gmail.com](mailto:smietanawolff@gmail.com) or Ph: 937-430-2452) and Ms. Anne Marie Carrington (email: [amc@swbell.net](mailto:amc@swbell.net) or Ph: 713-557-3708).

Friday 02<sup>nd</sup> June

Moana



Friday 16<sup>th</sup> June

Up



Friday 07<sup>th</sup> July

Ratatouille



Friday 21<sup>st</sup> July

Finding Nemo



Friday 04<sup>th</sup> August

Toy Story



Friday 18<sup>th</sup> August

Ice Age



Hey Kids!! Put on your pajamas, bring a nap mat or a blanket and pillow.  
PNO at SOJ! is the place to be!!!

Office Use Only: Date: \_\_\_\_\_  
Amt: \_\_\_\_\_ Check#: \_\_\_\_\_  
PNO date: \_\_\_\_\_

## PNO Registration Form

Dates Attending \_\_\_\_\_

Child: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: M or F

Child: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: M or F

Child: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: M or F

### Guardian Information

Name(s): \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name and cell# of a friend/relative who is allowed to pick up your child:

\_\_\_\_\_

### **Emergency and Liability Release:**

~I will not hold 'Parent's Night Out', Children of Joy!, Spirit of Joy! Lutheran Church, COJ! And SOJ! staff, and volunteers responsible for accidents, claims, and/or damage arising from my child's participation in all 'Parent Night Out' activities.

~ I give permission to the staff person in charge of 'Parents Night Out', and SOJ! Lutheran Church to use and photograph/video of me or my child taken at 'Parents Night Out' for future promotional materials.

~In addition, I give consent for necessary emergency treatment when my child is in the care of any emergency medical services, physicians, and/or hospital.

**~In the event I cannot be reached to make arrangements for emergency medical care, I authorize the staff person in charge to take my child to the following physician or nearest emergency treatment center as needed:**

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Known allergies: (i.e. food, medicines, etc.): \_\_\_\_\_

~Signing this form indicates that I have read it in its' entirety and agree to the terms set forth.

Sign: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_