



Saturday, December 8th
5-9pm

South Carroll Church of the Nazarene Parents Night Out 2018 Registration Form

Childs Name: _____

Age: _____ Birthdate: _____ Grade: _____

Parent/Guardians Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Home Church: _____

Emergency Contact Name: _____ Phone Number: _____

Allergies: _____

Medical or Special Needs: _____

Approved Pick-up List: _____

Siblings: _____ Attending? _____

_____ Attending? _____

_____ Attending? _____

Photo Release: I give South Carroll Church of the Nazarene Permission to us my child's photo as needed for future publicity uses. ____ Yes ____ No

Parent/Guardian Signature: _____ Date: _____

Please return to: South Carroll Church of the Nazarene
351 Liberty Rd, Eldersburg, MD 21784 or southcarrollcotn@gmail.com