

# Parents' Night Out



Every 2<sup>nd</sup> Friday of each month

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

6:00 - 9:00 p.m. Ages 3-10 (Potty Trained)

Register before the event \$40.00  
(\$35.00 EACH ADDITIONAL SIBLING)

PNO session includes two slices of  
pizzas, popcorn, ice cream, outside  
time and/or gym time, craft and a  
whole lot of FUN!

**Are you looking for a night out  
while your kids have a blast?**

**If so, bring them to  
Parent's Night Out!**

Have your child dress in his/her  
pajamas, grab their favorite lovey  
and head on over with their nap  
mat/blanket and pillow for some fun  
and entertainment.

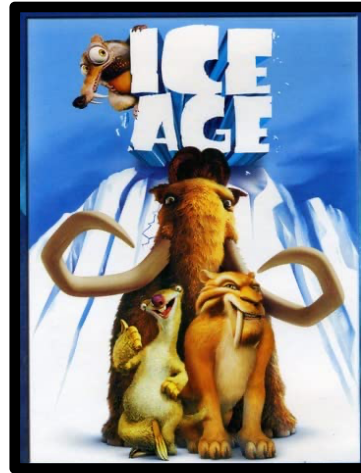
Ms. Crystal and Ms. Jamie

[TheWuestes2002@gmail.com](mailto:TheWuestes2002@gmail.com)

[jhbeever@gmail.com](mailto:jhbeever@gmail.com)

Friday, January 12<sup>th</sup>

Ice Age



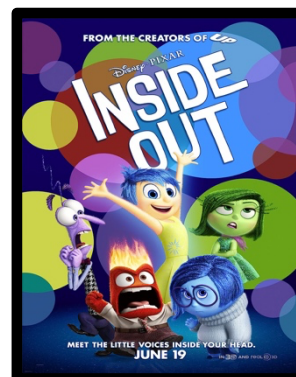
Friday, March 8<sup>th</sup>

Peabody and  
Mr. Sherman



Friday, May 10<sup>th</sup>

Inside Out



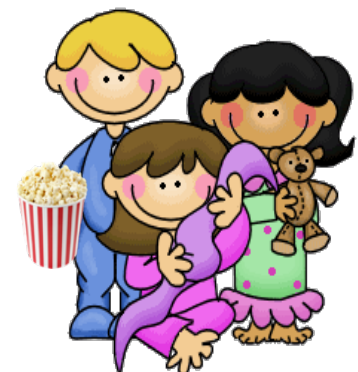
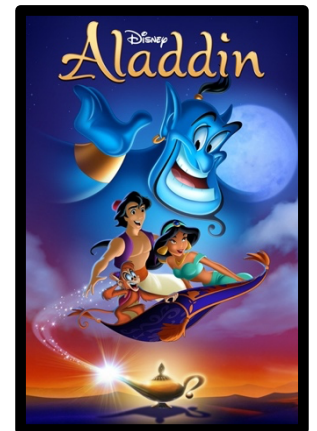
Friday, February 9<sup>th</sup>

Beauty and the  
Beast



Friday, April 12<sup>th</sup>

Aladdin





# Parent's Night Out



Parents' Night Out sessions are from **6:00 p.m. to 9:00 p.m.** on the **2<sup>nd</sup> Friday of each month**  
**Register before the event for \$40.00 for the 1<sup>st</sup> child and \$35.00 for additional siblings.**

Friday, January 12<sup>th</sup> – **Ice Age**

Friday, February 9<sup>th</sup> – **Beauty and the Beast**

Friday, March 8<sup>th</sup> – **Peabody and Mr. Sherman**

Friday, April 12<sup>th</sup> – **Aladdin**

Friday, May 10<sup>th</sup> **Inside Out**

## Participant Information

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ COJ! Class: \_\_\_\_\_

Please list **all** allergies: \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Emergency Contact

Emergency Contact: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

## Child's Family Physician **MUST HAVE BOTH**

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- We will follow the COJ! calendar regarding inclement weather or school closings.
- Payment Options: **cash, checks** payable to: **Children of Joy!** or remit payment through your **COJ! account.**
- There are no make-up days, or refunds for any missed sessions.
- **Pickup time is between 8:45 – 9:00 p.m.** Each session end promptly at **9:00.** We are unable to supervise students after this time due to clean up activities.

## Emergency and Liability Release

- **I will not hold** Jamie Beever, Crystal Wueste, Children of Joy! Preschool, Spirit of Joy! Lutheran Church, and/or their staff responsible for accidents, claims, and/or damages arising from my child's participation in Parent's Night Out.
- I give my 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 emergency medical treatment for my child, I authorized the staff person(s) in charge to take my child to the following physician or nearest emergency treatment center as needed:**
- Signing this form indicates I have read it in its entirety and agree with the terms set forth.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

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