

# Parents' Night Out Registration Form

## Payment Required Upon Registration

Members: \$25 for first child, \$15 per additional sibling  
Non-Members: \$30 for first child, \$20 per additional sibling

Any questions or concerns please feel free to contact our office at 651-454-6203.

Parent's Name: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(Necessary to receive Parents' Night Out updates only.)

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Current Gleason's Student: Yes / No  
Amt Pd: \$30 / \$25 / \$20 / \$15

\*Medical or Health Concerns: \_\_\_\_\_  
(including food allergies, learning/cognitive/emotional disabilities)

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Current Gleason's Student: Yes / No  
Amt Pd: \$30 / \$25 / \$20 / \$15

\*Medical or Health Concerns: \_\_\_\_\_  
(including food allergies, learning/cognitive/emotional disabilities)

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Current Gleason's Student: Yes / No  
Amt Pd: \$30 / \$25 / \$20 / \$15

\*Medical or Health Concerns: \_\_\_\_\_  
(including food allergies, learning/cognitive/emotional disabilities)

Have you filled out a PNO waiver this school year? Yes / No  
If no, waivers are available at the office, or will be available on the night of the event.

**\*This information is required and necessary for the safety of your child.**