



# PARENTS' NIGHT OUT REGISTRATION FORM

## 2<sup>ND</sup> TUESDAY OF EACH MONTH

Fill out this form for express registration. Ages 3 and up (must be potty trained)

Month Attending: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

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### Child #1

Name: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

### Child #2

Name: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

### Child #3

Name: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

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### **Jump Town Use Only**

Amt Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Waiver Y \_\_\_\_\_ N \_\_\_\_\_  
Credit \_\_\_\_\_

Bouncer \_\_\_\_\_

Authorized Pick Up: \_\_\_\_\_

Pick Up Signed \_\_\_\_\_ ID Y \_\_\_\_\_ N \_\_\_\_\_