



Little Treasures  
Early Childhood Center

## Parents' Night Out Registration Form and Waiver

Parents' Name(s): \_\_\_\_\_

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

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

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

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

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

#1 - Child's Name: \_\_\_\_\_

Age/Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Food/Other Allergies: \_\_\_\_\_

#2 - Child's Name: \_\_\_\_\_

Age/Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Food/Other Allergies: \_\_\_\_\_

**Emergency Medical Treatment:** I understand that every effort will be made to contact the Parent/Guardians of participants. If this is not possible, I hereby authorize Little Treasures to obtain and administer medical treatment. I also understand that I am solely responsible for all costs incurred for such treatment.

Parent/Guardian Signature: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

\_\_\_\_ I give permission to Little Treasures to take and use photos of my children and reviews or comments I make on their website and social media.

### Agreement & Release of Liability Statement

My children are of acceptable behavior and are medically able to participate at Parents' Night Out. My children will abide by all decisions made by the teachers supervising the event. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for Little Treasures allowing my child to participate in activities, I understand, and expressly acknowledge, that when my child attends the Little Treasures premises, he/she does so at his/her own risk. I release Little Treasures and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to participation in Little Treasures activities, whether on or off the Little Treasures premises. I understand that this release includes, but is not limited to, any claims based on negligence, action or inaction of Little Treasures, its staff, directors, representatives and guests. I agree to pick up my child by 9:00pm. I understand that if I am late I will be charged \$1.00/min after 9:00pm. I have read this form and grant permission for my child, \_\_\_\_\_ to participate in all activities provided by Little Treasures. I have read and am voluntarily signing this authorization and release.

Parent/Guardian Signature \_\_\_\_\_