

# PARENT'S NIGHT OUT

Need a night out without the kids?  
PPBHS Student Council is hosting a Parent's Night Out!

**When:** Monday, December 11<sup>th</sup>

**Time:** 6:00 PM - 8:00 PM

**Where:** High School Cafeteria



- High school students with adult supervision will watch your children while you have a night out for dining or shopping.
- Children must be over 2 years of age and potty trained.
- Food and drinks will be provided.
- Emergency forms will be required when child is dropped off or may be sent in with pre-registration slip.
- You will have to sign your child in and out that evening.
- Questions? Please contact Ms. Salvatoriello, Student Council Advisor at [ksalvatoriello@pointpleasant.k12.nj.us](mailto:ksalvatoriello@pointpleasant.k12.nj.us)
- ***There are a limited number of openings, so please pre-register by filling out the Pre-Registration Form listed below and returning it via email ([ksalvatoriello@pointpleasant.k12.nj.us](mailto:ksalvatoriello@pointpleasant.k12.nj.us)) or mail to***

Parent's Night Out  
c/o Ms. Salvatoriello  
Point Pleasant Boro H.S.  
808 Laura Herbert Drive  
Pt. Pleasant, NJ 08742

*Games . Crafts . Activities . Movie . Food . Fun!*

\*\*\*\*\*

## ***PPBHS Student Council "Parent's Night Out" Pre-Registration Form***

Child's Name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

## PARENT'S NIGHT OUT Emergency Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Phone number while out for the evening: \_\_\_\_\_

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

Name of person **and** phone number (if different from parent/guardian listed above) responsible for picking up your child(ren) listed on this sheet. \_\_\_\_\_

Name of Additional Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Child/Children: \_\_\_\_\_

My child/children have the following food allergies: \_\_\_\_\_

My child/children have the following medical issues: \_\_\_\_\_

My child/children does **not** have any food allergies or medical issues.

Any special instructions: \_\_\_\_\_

How did you hear about this event? \_\_\_\_\_

I hereby allow my child/children to participate in the PPBHS Student Council's "Parent's Night Out" and assume all risks and, in consideration of his/her participation in said program do hereby waive and release all claims arising as a result of personal injuries or property loss during the program. I furthermore authorize the staff program in the event of illness or injury to administer emergency care and to arrange for any medical transportation to the nearest health care facility deemed appropriate. I understand every effort will be made to contact the parent or guardian prior to any involved treatment. I grant permission to a qualified physician and /or other medical personnel to furnish medical care using the above guidelines while my child/children attend PPBHS Student Council's "Parent's Night Out". I also agree that my insurance carrier or I will bear the financial responsibility for any medical treatment administered under the above guidelines.

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's name printed \_\_\_\_\_