



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **PARENTS NIGHT OUT**

## **Bounce House Fun! Friday, October 5th, 2018**

**Enjoy a night out while your child has a blast at the Y! Activities include a bounce house, games, swimming, crafts and more! Pizza and a drink are included in the program fee.**

**Ages: 5-12 years old**

**Time: 6:00pm - 9:30pm**

**Cost: \$20 Family Facility Members  
\$25 Facility Members  
\$30 Program & Community Members  
\*10% Sibling Discount\***



**Contact: Lisa Sheaffer - Youth & Family Engagement Director  
973.595.0100 or [lsheaffer@metroymcas.org](mailto:lsheaffer@metroymcas.org)**

**Wayne YMCA  
1 Pike Drive Wayne, NJ 07470**



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## Wayne YMCA

# PARENT'S NIGHT OUT REGISTRATION FORM

### PARTICIPANT INFORMATION:

1. Child's NAME: \_\_\_\_\_ GENDER (CIRCLE): M F

ADDRESS: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

ANY MEDICAL CONDITIONS (EXPLAIN): \_\_\_\_\_

2. Child's NAME: \_\_\_\_\_ GENDER (CIRCLE): M F

ADDRESS: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

ANY MEDICAL CONDITIONS (EXPLAIN): \_\_\_\_\_

### PARENT INFORMATION:

1. PARENT/GAURDIAN (REQUIRED): \_\_\_\_\_

2. PARENT/GAURDIAN (OPTIONAL): \_\_\_\_\_

3. EMAIL ADDRESS: \_\_\_\_\_

4. PHONE #: HOME: \_\_\_-\_\_\_-\_\_\_ CELL: \_\_\_-\_\_\_-\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ Phone: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ Phone: \_\_\_\_\_