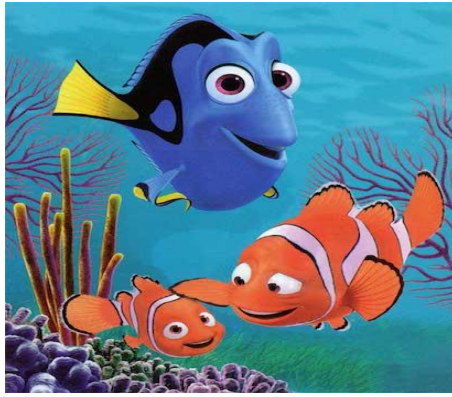


KIDS' Saturday Night at the Movies Presents...



August 18, 2018

Times: 4-7, 5-8, or 4-8!

Movie: Children vote between FINDING NEMO or FINDING DORY

Crafts: Making a treasure chest and maps

Activities: Treasure Hunting and Seek & Find with flash lights

Dinner: Pizza, vegetable, fruit & milk

OPEN TO THE PUBLIC (ages 2-8 years)

Please select time: _____ 4pm-7pm _____ 5pm-8pm (One child \$30 each additional child in same family \$15)
_____ 4pm-8pm (One child \$40 each additional child in same family \$25)

Student's name _____ DOB _____ Food Allergies/Restrictions: _____

Student's name _____ DOB _____ Food Allergies/Restrictions: _____

Address _____ City _____ State _____ Zip code _____

Parents: _____ Phones #: _____ Email: _____

Persons you authorize to be contacted in case of an emergency (if parent/guardian is unavailable)

Name _____ Relationship _____ Phone _____

Persons you authorize to pick up your child in case of an emergency (if parent/guardian is unavailable)

Name _____ Relationship _____ Phone _____

MEDICAL AUTHORIZATION: We hereby grant Just For Kids Preschool permission to take whatever action may be necessary in providing emergency medical care for my child. We understand that Just For Kids will first make an attempt to contact a parent, guardian, physician or other persons authorized to be contacted in an emergency, but if they are unavailable, we grant permission to Just For Kids Preschool to call 911 and seek medical attention from an available physician or ambulance personnel. A staff member will accompany the child until a parent arrives. We hereby agree that we will be responsible for and will promptly pay all medical charges incurred by such an emergency. Signature _____ Date _____

GENERAL AUTHORIZATION: We hereby grant Just For Kids Preschool permission for the above named child to:

1. take part in all program activities including the use of indoor and outdoor play equipment
2. be photographed or videotaped during program activities
3. be given prescribed medications provided by the parent as directed by the written instructions from a physician.
4. a log will be kept of administered medications.
5. be given first aid treatment for minor cuts, scrapes, bumps, or bloody nose.

Signature _____ Date _____