



**KIDS' Saturday Night at the Movies Presents...**

**USA's Birthday wear red, white, & blue!**

**July 21, 2018**

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

**Movie:** Children vote between a Car movie or Scholastic Classical Story Movies

**Crafts:** Group Parade Banner and Homemade Music Instruments

**Activities:** Playground or Classroom Parade and Car Wash

**Dinner:** Pizza, Fruit, Vegetable, and 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:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_