

Parents Night Out!

Registration Form for August 25th, 2017

(If you have not filled out the one-time initial intake form, please do that first;
available by calling 937-382-5899)

RSVP no later than Friday August 25th, 2017

Child's Name: _____

Age: _____ Primary Service Provider: _____

Sibling(s) attending: _____

Sibling(s) age(s): _____

Parent's location for the night: _____

Parent's best contact # for the night: _____

Emergency contact name & # (other than parent): _____

Is there any new behavioral or medical concerns that have developed since you filled out the intake packet that we need to be aware of?

Do we need to make any food accommodations for your child or siblings? (i.e. cut into small pieces, no dairy, etc)

Signature: _____ Date: _____

