



PARENTS' NIGHT OUT 2015 CALENDAR

What is Parents' Night Out?

Parents' Night Out is a monthly special event held at the Canton Community Center for youth ages 5-13. Parents' go off and enjoy a night to themselves while our trained Parks and Recreation staff supervise activities including arts & crafts, games, special treats, movies and more! Each month has a special theme and corresponding activities/treats!

Fee: \$15/per child per night. \$25/per child for Valentine's Day and Shopping Extravaganza due to extended hours on those dates.

Registration is available at www.cantonrec.org, over the phone at 860-693-5808, or in person at the Parks and Recreation Office Monday-Friday 8:30am-4:30pm

Saturday February 14th 6:00-10:00pm- **Valentines Night Special**



Friday March 27th 6:00-9:00pm- **St. Patrick's Party**



Friday April 24th 6:00-9:00pm- **PJ Party (come dressed in pajamas!)**

Friday May 22nd 6:00-9:00pm- **Ice Cream Social**



Friday June 26th 6:00-9:00pm- **End of School Pizza Party**



Friday July 24th 6:00-9:00pm- **Celebrate America- Red, White and Blue Dress Up**



Friday August 28th 6:00-9:00pm- **Summer BBQ**



Friday September 25th 6:00-9:00pm- **Wacky Tacky Day (come dressed in mixed up clothes/funny hats)**

Friday October 23rd 6:00-9:00pm- **Ghouls & Goblins Halloween Costume Party**



Friday November 13th 6:00-9:00pm- **Friends-Giving Celebration**

Friday December 4th 3:00-7:00pm - **Special Holiday Shopping Extravaganza** - drop your kids off (CIS students can be walked over) for an evening of fun filled activities while parents can get out and get some holiday shopping done- with no kids!



2015 General Form

PARTICIPANT INFORMATION

Participant's **FIRST** Name _____ **LAST** Name _____ Male / Female

Date of Birth _____ / _____ / _____ Current Age _____

Address _____ Town _____ Zip Code _____

Home Phone _____ Email Address _____

Guardian 1 Name: _____ Cell Phone _____ Work Phone _____

Guardian 2 Name: _____ Cell Phone _____ Work Phone _____

Emergency Contact Information: *please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached.*

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____ Work Phone _____

PICK-UP AUTHORIZATION

I hereby authorize the following person (s) to pick up the above named participant from Parents' Night Out Events. If there are any changes in these arrangements, I will give written notice. **Parents/Guardians must be included on this release.** I understand that my child will only be released to the people listed below, provided they produce an ID and sign out.

1. Parent/Guardian Name (s) _____ , _____

2. Name _____ Phone(_____) _____ Relationship _____ Age _____

3. Name _____ Phone(_____) _____ Relationship _____ Age _____

4. Name _____ Phone(_____) _____ Relationship _____ Age _____

Guardian signature acknowledging pick-up procedures _____

HEALTH ASSESSMENT

Please indicate Yes or No to all that apply to your child:

Wears glasses/ contacts _____ Has ear tubes _____ Is hearing impaired _____ Has frequent nosebleeds _____

Has recurrent headaches _____ Has asthma _____ Has seizures _____ Has epilepsy _____

Are there any foods your child can not eat? _____

List any known allergies (food, medication, bee sting, etc) _____

If you answered Yes to any of the above please give any details here. If there are any other additional conditions or medical issues you think program staff need to be aware of in order to ensure your child's safety please indicate that here as well.

PHOTOGRAPGHY & VIDEOTAPING POLICY

Throughout the programs Parks and Recreation staff may be taking pictures/video to be used for promotional purposes. These images/videos may appear in future program brochures, flyers, e-mail blasts, and on the Town's Facebook Page.

If you **DO NOT** wish to have your child photographed/videotaped please indicate that here _____