



8 Banta Street • Suite 320 • Phelps, NY • 14532
(315) 548-8481

KIDS' NIGHT OUT INFORMATION FORM

Child's Information

Child's Name: _____ Date of Birth: _____

Address: _____

Allergies: _____

Pediatrician: _____

Any other information that would be helpful to our staff in caring for your child? _____

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____

Phone Number (Where you can be reached during Kids' Night Out): _____

Driver's License Number: _____

Alternate Emergency Contact Person/Authorized for Pick-Up

Name: _____

Phone Number: _____ Driver's License Number: _____

Name: _____

Phone Number: _____ Driver's License Number: _____