



ST. ANDREW'S EPISCOPAL CHURCH

6509 SYDENSTRICKER ROAD † BURKE, VA 22015

Parents' Night Out Registration Form

Youth Information

Name: _____ Age: _____

Allergies: _____

Name: _____ Age: _____

Allergies: _____

Name: _____ Age: _____

Allergies: _____

Name: _____ Age: _____

Allergies: _____

Parent / Guardian Information

Names: _____

Email / Cell #: _____

Payment (\$10/child)

Have you paid? Y N

If yes, please list payment method: Cash Check (check #: _____)

I understand and agree that, although special care will be taken, St. Andrew's Episcopal Church, its workers, and its volunteers cannot be held responsible for accidents. In the event of an emergency, if the parent or guardian cannot be reached, permission is hereby given for my child(ren) to be taken to the nearest hospital.

Parent / Guardian Signature

Date