

“Parent’s Nite” Out Registration Form

TO RESERVE YOUR CHILD (REN) A SLOT, THIS REGISTRATION FORM ALONG WITH THE PNO FEE MUST BE RETURNED TO Dreams of Wings Childcare Enrichment Center LLC. 1 WEEK FROM THE DATE OF PNO EVENT. PNO REGISTRATION WILL NOT BE ACCEPTED WITHOUT THE FEE. SLOTS ARE LIMITED AND ARE OFFERED ON A FIRST COME – FIRST SERVE BASIS. YOU MAY DROP OFF OR MAIL YOUR REGISTRATION TO: Dreams of Wings LLC. 3 Choptank Court, Cambridge, Md. 21613.

PARENT’S INFORMATION		
PARENT’S NAME (S) FIRST, LAST		DATE OF EVENT:
ADDRESS:		CITY, STATE, ZIP
CONTACT NUMEBERS DURING PNO:		
CONTACT #1	CONTACT #2	CONTACT #3

CHILD (REN)’S INFORMATION		
#1 CHILD’S NAME	AGE	FEE: \$30
#2 CHILD’S NAME	AGE	FEE: \$25
#3 CHILD’S NAME	AGE	FEE: \$20
#4 CHILD’S NAME	AGE	FEE: \$20

CHILD (REN)’S PHYSICIAN INFO			
CHILD #1	CHILD #2	CHILD #3	CHILD #4

DO THE CHILD(REN) LISTED ABOVE HAVE ANY CONDITIONS, I SHOULD BE AWARE OF? IF SO, LIST CHILD’S NAME AND CONDITION(S):

ACKNOWLEDGMENTS	
IN THE EVENT OF AN EMERGENCY I AUTHORIZE DREAMS OF WINGS LLC. TO SEEK APPROPRIATE MEDICAL ATTENTION FOR MY CHILD (REN). I DO NOT HOLD DREAMS OF WINGS LLC. FINANCIALLY RESPONSIBLE FOR MEDICAL TRANSPORT OR SERVICES: Initial here: _____ DATE: _____	DREAMS OF WINGS HAVE RESERVED THE RIGHT TO CANCEL DUE TO LACK OF PARTICIPATION OR PERSONAL EMERGENCIES. IN THE EVENT OF CANCELLATION, YOU WILL BE REFUNDED ALL MONIES RENDERED FOR RESERVED EVENT DATE. SHOULD YOU CANCEL YOUR SPACE WITHOUT A 48- HOUR WRITTEN NOTICE YOU WILL FORFEIT YOUR FEE. A LATE FEE OF \$15 APPLIES SHOULD I PICKUP MY CHILD (REN) AFTER 8:00 P.M. INITIAL HERE: _____ DATE: _____

DROP-OFF AND PICKUP	
DROP-OFF IS NO EARLY THAN 2:45; P.M. PICK-UP IS NO LATER THAN 8:00 P.M. A LATE FEE OF \$15 WILL BE INCURRED FOR ANY EARLY DROP-OFF OR LATE PICK-UP. INITIAL HERE: _____	
PARENT/GUARDIAN SIGNATURE:	DATE

PLEASE CALL BRENDA MCNAIR AT (410) 901-2882 IF YOU HAVE COMMENTS OR QUESTIONS REGARDING YOUR REGISTRATION.

