

# Parents' Night Out



A fun holiday movie night for kids! Parents take the night off to shop, bake or just enjoy the peace and quiet. Come dressed in your pajamas, sip some hot chocolate, eat cookies and make crafts, all while watching Christmas classics, such as *Rudolph the Red-Nosed Reindeer* and *Frosty the Snowman*! Feel free to bring blankets and pillows if you like.



- **Date:** Saturday, December 3<sup>rd</sup> 2016
- **Time:** 6:00-8:00pm
- **Cost:** \$18 for the first child, \$10 for each sibling
- **RSVP:** Tuesday, November 22<sup>nd</sup> 2016

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## Parents' Night Out Registration



Name \_\_\_\_\_

Please list any allergies (food or otherwise) that the faculty should be aware of:

\_\_\_\_\_

Address \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

Phone \_\_\_\_\_

Home

Emergency

Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parent's Name \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How did you hear about us \_\_\_\_\_

- I the undersigned agree to follow the policies and procedures set forth by Hoffman School of Dance as they have been created in the best interest of the students.
- I and my child are aware that there is a potential risk associated with participating in a dance class. I understand and assume all risks associated with dance class participation, including but not limited to falls or contact with other persons. I also affirm that I now have and will continue to provide proper hospitalization, health and accident coverage that I consider adequate for both my child's and my own protection.
- I give permission for emergency medical treatment of my child in the event that a parent cannot first be contacted.
- I approve the use of my child's photograph in studio publications, advertising and website. I understand that names will not be listed.



PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_