Chapel Hill-Carrboro YMCA Parents' Night Out

Please note: NO REFUNDS OR CREDITS will be given for cancellations unless they are made more than 2 weeks in advance. If your child is sick on the day of Parents' Night Out, please contact the YMCA.

FEES: First Child $22 member/$27 Program Participant Second Child: $12 member/$17 Program Participant

Child Info

First Name: _____ Last Name: _____ YMCA Member: Y / N

Local Address: _____ City: _____ State: _____ Zip: _____

Sex: ___ Age: ___ DOB: ___/___/____ Grade: ___ School Child Attends: _____

Registration

Please register my child for the following Parents' Night Out: (must be paid at time of registration)

___ September	___ January
___ October	___ February
___ November	___ February
___ December	___ March
___ January	___ March

Parent/ Guardian Info

Parent/Guardian: _____ Home Phone: _____ Cell Phone: _____

Parent/Guardian: _____ Home Phone: _____ Cell Phone: _____

Emergency Contact

If we are unable to reach you, who may we contact in an emergency:

Name: _____ Home Phone: _____ Cell Phone: _____

Upcoming Events

May we contact you by email to inform you of upcoming PNO's? If so, please list your email address:

Email address: _____

How did you find out about Parents' Night Out? (please check one)

____ you are a YMCA member **____ from your child's school**

____ from a friend **____ other _____**

Last Name

First Name