SCM PARENTS NIGHT OUT REGISTRATION

CHILD'S NAME:_____

ADDRESS:_____

PARENTS NAMES:_____PHONE:_____

Please be sure to keep your phone with you and on

EMAIL:_____

COGNITIVE AND EMOTIONAL CHARACHTERISTICS:

Does your child have any special behavior problems?_____

If yes how are they handled?_____

What things are likely to distract, upset or frustrate your child?_____

If yes how are they handled?_____

How does your child react when upset or frustrated?_____

What works to assist or comfort your child?_____

Does your child toilet independently? Yes No

Emergency Medical treatment release:

I give _____or a representative of Trinity Baptist Church to authorize medical treatment for my child in the event of an emergency.

Date:_____Signature_____relationship to child_____

Drop off time: Pick up time: