



**December 6th 6:00-9:30pm**

Children 6 weeks-6th grade are invited to come to a fun night of activities and snacks while Mom and Dad enjoy an evening alone to go on a date or maybe even Christmas shopping. Cost is \$10 per child with the family cost to not exceed \$30. Slots are limited.

Preregistration with payment is required to secure a slot.  
No walk ins will be accepted.

Please send your child(ren) in their pajamas with regular shoes, a water bottle, a blanket/pillow for movie time, and any necessary bottle/diapers/extra clothes. Please boldly label each of your child's belongings. A piece of masking tape makes a great temporary label. **Please feed your child dinner before you come.**

Please return registration forms by **December 2nd 5:00pm** to Hoffmantown Church Kids Office. Questions? Contact Children's at (505) 858-8601 or [sarahg@hoffmantown.org](mailto:sarahg@hoffmantown.org).



## PNO Registration Form 2019

### Parent/Legal Guardian Information

Name of Parent(s)/Guardian(s):		Relationship to child:	
Address:		Email:	
City:	State:	Zip:	
Parent #1 Mobile Phone:		Parent #2 Mobile Phone:	
Do you attend a church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you attend Hoffmantown? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church (other than Htown):	

### Emergency Contact (other than parent; parents will be contacted first in an emergency)

Emergency Contact 1:	Phone:	Relationship to child:
Emergency Contact 2:	Phone:	Relationship to child:

### Child Information

Name of Child #1:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		December 6th 6:00-9:30pm
Age:	Grade:	Birthdate:		
Allergies (state none if none) or Special Information (Medications, activity restrictions):				
Name of Child #2:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		December 6th 6:00-9:30pm
Age:	Grade:	Birthdate:		
Allergies (state none if none) or Special Information (Medications, activity restrictions):				
Name of Child #3:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		December 6th 6:00-9:30pm
Age:	Grade:	Birthdate:		
Allergies (state none if none) or Special Information (Medications, activity restrictions):				
Name of Child #4:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		December 6th 6:00-9:30pm
Age:	Grade:	Birthdate:		
Allergies (state none if none) or Special Information (Medications, activity restrictions):				

### Terms and Conditions

**(1.)** I consent to and approve my child/children's taking part in any and all activities conducted by HOFFMANTOWN CHURCH ("CHURCH") I understand that my child/children may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and consent to the treatment of any minor injuries of my child/children, and release, hold harmless and indemnify the Church and their officers, directors, agents, employees and volunteers from any and all liability, claims and costs arising from or growing out of such treatment. In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Church volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.**(2.)** I give permission for photo(s) of my child/children to appear among other general photos in any and all church media as long as there is no identifying information published by Hoffmantown. I hereby waive any causes of action I may have because of the use of my child's photograph.

**I have read and agree to the Terms and Conditions stated above.**

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date