

PARENTS NIGHT OUT!

WHEN

Friday, December 15, 2023
5:00 pm—9:00pm

WHERE

Calhoun Christian School
20 S. Woodrow Avenue, Battle Creek, Mi.
49015

WHO

AGES 6 MONTHS—12 YEARS

COST

\$25 PER CHILD
\$50 MAX PER FAMILY

FEATURING:

Dinner,
Carnival adventure,
Movie, &
Activities!



***NEED A DATE
NIGHT OR TIME TO
GET HOLIDAY ER-
RANDS DONE? WE
HAVE YOU COV-
ERED WITH CHILD
CARE!***



THEME

Christmas Safari

HOW TO REGISTER

- Fill out the attached waiver.
- Drop off at CCS' office by Friday, December 1st
- Drop off with payment: cash or check.
- Make checks payable to CCS (memo: juniors).

BENEFITING

All proceeds go towards CCS annual mission trips. The Junior class is raising funds for inner city missions in Washington, D.C.

PARENTS NIGHT OUT REGISTRATION

To register, please complete the form below and return with payment by December 1, 2023 to:

Calhoun Christian School
20 S. Woodrow
Battle Creek, MI 49015

Questions? Taria.moser@calhounchristian.org or call 269.965.5560

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Parents Night Out Registration Form

Name of Child 1 _____ Age (as of December 2): _____

Known Allergies : _____ Pizza Options (check one): Cheese: _____ or Pepperoni: _____

Name of Child 1 _____ Age (as of December 2): _____

Known Allergies : _____ Pizza Options (check one): Cheese: _____ or Pepperoni: _____

Name of Child 3 _____ Age (as of December 2): _____

Known Allergies : _____ Pizza Options (check one): Cheese: _____ or Pepperoni: _____

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Parent/Guardian Signature: _____ Emergency Contact: _____

Phone: _____ Email: _____

Emergency Contact: _____

Medical Release:

Medical Authorization: My child has permission to attend Calhoun Christian's Parents Night Out Fundraiser. I have no knowledge of any physical impairment that would affect or be affected by my child's participation in this event. In the event of an emergency in which my child requires medical care, I authorize the staff of the fundraiser to act for me and obtain for them whatever medical treatment the staff, in its best judgment, deems necessary and appropriate. In the event that medical treatment is deemed necessary, I give my permission, so that my child may receive medical treatment. I agree to hold Calhoun Christian Parents Night Out, its staff, and Calhoun Christian School harmless for any liability arising out of an act of good faith action involved in the camp.

Parent/Guardian Initials: _____ Date: _____

Additional information:
