Kids Night Out Permission Form

Child's Name:	
Parent's Name:	
Emergency Contact Number:_	
Email Address:	
Homeroom Teacher:	Grade:
Allergies:	
<u>Kids Night Out</u>	<u>Information/Rules</u>
 Students may not stay at a Students may not all school Drop off will begin at a pick up is at 7:30 Cost is (Cash, checks or online Checks payable Pay online at: https://opension.org/https://op	event at Dolvin Elementary fter school and wait for the event t bring any type of device nool rules apply 3:30 pm outside the Commons pm outside the Commons \$25.00 per child ne payments accepted) to Dolvin Elementary //tinyurl.com/KidsNight2018 eeds a permission slip ps/payments are due by ay, November 28th elay for Life Team. All donations will erican Cancer Society. Ins., please email Ms. Pratt at fultonschools.org
I give permission for my child, participate in Kids Night Out. I also g a movie that is rated PG.	, to give my child permission to watch
My child will be picked up by7:30 pm.	no later than
Parent Signature:	