



Saturday Night Out Enrollment Form 2018-2019

For Office Use Only	
Rec. Date: _____	F.D. Initials: _____
Paid Amount: _____	
Total Discount: _____	
Account #: _____	
PAID: _____	

*All payments are final.
No refunds for absences.*

Children:

1st Child: _____ DOB: _____ Grade: _____ Sex: Male Female
Last First

Allergies/Medications: _____

2nd Child: _____ DOB: _____ Grade: _____ Sex: Male Female
Last First

Allergies/Medications: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mother/Guardian: _____ *Please check if address is the same.*

Email: _____ Phone: _____ Cell: _____

Father/Guardian: _____ *Please check if address is the same.*

Email: _____ Phone: _____ Cell: _____

Emergency Contacts – Please list two: *(Notified in the event of emergency or illness, when parents or guardians are not available.)*

Name: _____ Phone: _____

Dates Attending – Please circle:

November 10, 2018 6:15p-10:00p	December 8, 2018 6:15p-10:00p	January 12, 2019 6:30p-10:00p	February 2, 2019 7:00p-10:00p	March 9, 2019 7:00p-10:00p
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Rates – Please circle:

<i>Member</i>	\$25.00 <i>Individual</i>	6th-8th graders Volunteer	<i>JEA Guest</i>	\$30.00 <i>Individual</i>
	\$45.00 <i>Family</i>			\$55.00 <i>Family</i>

Payment Method <i>(Please check one.)</i> <input type="checkbox"/> Check (enclosed) <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Charge card on file Exp. Date _____ CSC # _____ Cardholder Address _____ Cardholder Signature _____	TOTAL TO BE CHARGED: _____ Card No. _____ Cardholder Name _____ City _____ Zip: _____
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Please return completed form to kids@savj.org.

For staffing purposes and for the safety of your child, there will be a \$5 late fee for those who register on the date of attendance. Cancellations or changes to the dates selected must be made by the Wednesday prior. Credit will only be given with a doctor's note. Dates for the Saturday Nights Out are subject to changes. Children will only be released to persons listed on this form.