



Parents Night Out - Registration Form

Participants

	Child's Name	Age	Allergies	Other
1				
2				
3				
4				

Parent(s):

Phone (During Event)

Alternate ER Contact

Phone

My child has permission to participate in the Knoxville Jewish Alliance's Parent's Night Out Program, including it's activities, January 9, 2016.

Parent Signature:

Office Use Only:

Registration Date:

Fee Paid Date:

Please send completed forms to:

Deborah Oleshansky, Interim Director

Knoxville Jewish Alliance

6800 Deane Hill Drive; Knoxville TN 37919

doleshansky@jewishknoxville.org