



WHEN: 1 Friday per month
TIME: 6:30 p.m. – 10:00 p.m.
WHERE: Arts and Education Wing
PRICE: \$10 per child CGCC Member/per night
 (Maximum of \$20 per family/per night)
 \$15 per child Non-Member/per night
 (Maximum of \$30 per family/per night)

QUALIFIED CHILDCARE STAFF:
 Background checked
 CPR & First-Aid Certified

BABYSITTING PROGRAM FOR INFANTS THROUGH AGE 12

September 2009 through May 2010

PLEASE NOTE: Children are separated into playrooms by age. Activities include playground, games, and movies. All children must have eaten dinner prior to attending *Parents Night Out*. In addition, please provide snacks, drinks, diaper bags (if applicable), and a change of clothes.

- September 2009 through May 2010 -

<u>Registration form due date</u>	<u>Parents Night Out date</u>
08/30/2009	09/04/2009
09/27/2009	10/02/2009
11/01/2009	11/06/2009
11/29/2009	12/04/2009
01/03/2010	01/08/2010
01/31/2010	02/05/2010
02/28/2010	03/05/2010
04/04/2010	04/09/2010
05/02/2010	05/07/2010

Registration forms and payments ***must be received*** by the preceding Sunday.
 Save yourself the trouble: register & pay in August for all nine dates.

Make checks payable to: Coral Gables Congregational Church.

For more information, please contact
 Megan Korallis, Director of Christian Education
 305-448-7421, ext. 19 • MeganK@ucc-cgcc.org

Coral Gables Congregational Church
 United Church of Christ
 3010 De Soto Boulevard
 Coral Gables, Florida 33134

www.coralgablescongregational.org



- Release Form -

First child

I, _____, hereby give permission for my child, _____, male/female (please circle one), age _____, date of birth _____, in grade _____, to participate in *Parents Night Out–Babysitting Program* at Coral Gables Congregational Church, on (please check the dates below), **from 6:30 p.m. to 10:00 p.m.**, at a rate of \$10 per child of CGCC Member/per day or maximum of \$20.00 per family/per day or \$15 per child of Non-Member or maximum of \$30 per family/perday.*

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> 09/04/2009 | <input type="checkbox"/> 12/04/2009 | <input type="checkbox"/> 03/05/2010 |
| <input type="checkbox"/> 10/02/2009 | <input type="checkbox"/> 01/08/2010 | <input type="checkbox"/> 04/09/2010 |
| <input type="checkbox"/> 11/06/2009 | <input type="checkbox"/> 02/05/2010 | <input type="checkbox"/> 05/07/2010 |

Second child (complete if applicable)

I, _____, hereby give permission for my child, _____, male/female (please circle one), age _____, date of birth _____, in grade _____, to participate in *Parents Night Out–Babysitting Program* at Coral Gables Congregational Church, on (please check the dates below), **from 6:30 p.m. to 10:00 p.m.**, at a rate of \$10 per child of CGCC Member/per day or maximum of \$20.00 per family/per day or \$15 per child of Non-Member or maximum of \$30 per family/per day.*

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> 09/04/2009 | <input type="checkbox"/> 12/04/2009 | <input type="checkbox"/> 03/05/2010 |
| <input type="checkbox"/> 10/02/2009 | <input type="checkbox"/> 01/08/2010 | <input type="checkbox"/> 04/09/2010 |
| <input type="checkbox"/> 11/06/2009 | <input type="checkbox"/> 02/05/2010 | <input type="checkbox"/> 05/07/2010 |

- Parent or Guardian Contact Information -

Parent or Guardian's name: _____
Church Membership: CGCC _____ Other: _____ None: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____
Cell phone: _____ E-mail: _____
If unable to reach, please contact: _____ at _____
Person(s) authorized to pick-up this child: _____

- Emergency Medical Information -

Child's physician's name: _____
Child's medical concerns of which we should be aware: _____

Any known allergies: _____

I authorize medical treatment for my child in case of an accident or illness, if the parent or guardian cannot be located or an emergency situation should arise.

Parent/Guardian Signature: _____ Date: _____

***CANCELLATION POLICY: There are no refunds given for this program.**