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Child Evangelism Fellowship presents: (cefonline.com)

PARENT'S NIGHT OUT

February 14 5-9 PM

At Cascade Vista Clubhouse (Maltby & 35th is closest intersection)

Adult: Child Ratio 1:7, Trained Experienced Caregivers, Background Checked, Parents Welcome

Cost: RSVP, \$5 per child plus

1 non-sugar finger food (for approx., 6 or more people) "Moonlight Buffet"

RSVP- Email Jan Radford, Director Janet.radford@cefofwa.com

5:00 Choice Time & Check-in, Table Games, Manipulatives
5:30 or 5:40 Wild Group Game #1-Musical Chairs!!
6:00 "Moonlight Buffet"
6:45 Wild Group Game #2-Who's the Leader?
7:05 Wild Group Game #3-4 Corners & Museum Statues
7:30 Wild Group Game #4-Balloon Volleyball to Music
7:45 Songs about God's Love & Story: Who was Valentine?
8:15 Valentine Craft as Parents begin "pick up" (to 9)

Please bring or send attached permission slip with child Feb. 14th at Check-in (5-6:30 PM)

Additional Registration Slips will be available at door.

On-site Phone (Jan Radford's Cell) is 425-652-1590

I give permission for my child to attend the "*Parent's Night Out Valentine's Day 2020*" at Cascade Vista Mobile Estates %20523 – 32nd Dr. SE, Bothell, WA 98012 In an emergency, if I cannot be reached I give permission for first aid (by CEF staff) and ANY care deemed necessary by medical professionals, be given to my child (ren.)

(SIGNATURE of PARENT/GUARDIAN)

(DATE)

How will your child will get home after 8:45?: ☐ Picked up by Family Member
☐ Walk home ☐ Arranged to go home with _____.

Child's name (first and last): _____ Grade: _____

Sibling? who will also attend: _____

Allergies/Special Needs: (for _____)

Parent's Name (Print): _____ Ce*ll: _____

Address: (at Cascade Vista or not): _____

Email address: _____

Preferred Urgent Care/Hospital: _____

List the **full names** and **phone numbers** of two others who are allowed to pick up my child or could be contacted in an emergency.

Full Name: _____ Cell Phone: _____

Full Name: _____ Cell Phone: _____