These activities are not sponsored nor endorsed by the Northshore School District or any of its schools. The district assumes no responsibility for the conduct during or the safety of the activities. Northshore School District shall be held harmless from any course of action, claim or petition filed in any court or administrative tribunal arising out of the distribution of these materials including attorney’s fees and judgment or awards.

*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](mailto: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 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:_______________