

“Kids Night Out” Registration

Date: _____

Pizza Yes No

Parent Name: _____

#1 Contact Number: _____

#2 Contact Number _____ :

#1 Child’s Name: _____

Allergies: _____

#2 Child’s Name: _____

Allergies: _____

#3 Child’s Name _____

Allergies: _____

Method of Payment:

Check #: _____ or Cash: _____

**Send this form in with the child’s home folder and
if paying with a check, please make payable to
Montessori Children’s House Sixth Grade**