

# “Kids Night Out” Registration

Date: \_\_\_\_\_

Pizza    Yes    No

Movie Choice (circle one)

“The Princess and the Frog”

“James & the Giant Peach”

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**