



17253 FM 529, Houston, Texas 77095

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🌐: www.haveabunchoffun.com

Parent's Day Out or Night Out Application Form

PLEASE COMPLETE A FORM FOR EACH CHILD. PLEASE BE ADVISED THAT IT IS IMPERITIVE THAT WE HAVE ACCURATE INFORMATION ON YOUR CHILD. PLEASE PRINT LEGIBLY

Mother's Name:	_____	Mother' Cell:	_____
Father's Name:	_____	Father's Cell:	_____
Emergency Contact ₁ :	_____	Emergency Contact ₁ :	_____
Emergency Contact ₂ :	_____	Emergency Contact ₂ :	_____

Email: _____

Child's Last Name: _____

Child's First Name: _____

Child's Date of Birth: _____

I hereby authorize A Bunch of Fun, Inc. to consent to medical treatment for my child listed above if I cannot be reached to provide consent for medical treatment. No prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization. I am fully aware that any activity involving motion or height creates the possibility of serious injury, and I further agree to hold A Bunch of Fun, Inc. and its staff harmless for any injury or resulting expense. I release and discharge any and all rights and claims against A Bunch of Fun, Inc.

Parent's/Guardian Signature: _____

Parent's Printed name: _____

Date: _____

Program Day: _____

