



**Catholic Daughters of the Americas  
Court St. Maria Goretti #2759**

**Parent's Night Out Registration Form & Release**

**Instructions:**

- Submit one form per family for confirmation that your spot is being held. Email completed form to [CDA@cda2759.org](mailto:CDA@cda2759.org)
- To complete registration, you must pay the registration fee. \$25 for first child, \$10 for each additional sibling, max of \$50 per family.

**Information:**

- Dinner is included and the choice of cheese or pepperoni pizza (please select choice below).
- Drop-off will begin at 5:00 pm at the gym entrance along the back drive (closest to the playground). Please wait for one of the volunteers to walk your child inside.
- You must pick-up at the same location no later than 9:00 pm. For every 15 minutes past 9:00 pm, you will be charged an additional \$30.
- Children must be potty trained to attend (up through 5th grade). If you have any middle school or high school aged children who would like to volunteer to help and are safe-environment cleared to volunteer in the Diocese of Fort Worth, please email us.

**Child's name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Child's name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Child's name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Child's name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Child's name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Parent's name** \_\_\_\_\_

**Phone number where you can be reached** \_\_\_\_\_

**Secondary contact name and number** \_\_\_\_\_  
\_\_\_\_\_

**Pizza preference (circle one)**      cheese      pepperoni

**Food allergies** \_\_\_\_\_

**Medical allergies** \_\_\_\_\_

By signing my name below, I give my child permission to attend the Parent's Night Out hosted by CDA Court St. Maria Goretti #2759 at St. Martin de Porres Catholic Church in Prosper, TX. In the event of a medical emergency, I give permission for CDA Court St. Maria Goretti #2759 to seek emergency medical care for my child. Every attempt will be made to contact the parent in such an event.

**Parent Signature** \_\_\_\_\_

**Parent Name (please print full legal name)** \_\_\_\_\_

**Date** \_\_\_\_\_

**Payment**

Payment must be given in advance.

**Pick-up information:** Please text the following number when you arrive, and we will bring your child(ren) to the door. (817) 991-9027.