



For Office Use Only

Check Number: _____

Amount: _____

Date Rec'd: _____

Time Rec'd: _____

Class List: _____

Attendance: _____

Event Date:

____/____/____

The Burlington Academy of Learning

Where Children and Families Are Celebrated!

KIDS' NIGHT OUT Registration Form

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____ Nickname _____

Gender: M F Date of Birth: ____/____/____ Phone: (____) _____

Address _____ City _____ State _____ Zip _____

School Attending (other than BAL): _____ Grade: _____ Teacher: _____

FAMILY INFORMATION

Mother/Guardian

Father/Guardian

Full Name: _____

Street Address: _____

Town/State/Zip: _____

Home Phone: _____

Mobile Phone: _____

Email Address: _____

EMERGENCY INFORMATION

Please provide the name and phone number of the Pediatrician or other physician(s) that should be contacted in case of an emergency:

Pediatrician's Name: _____ Phone: (____) _____

Dentist's Name: _____ Phone: (____) _____

If necessary, the child will be transported to the nearest hospital. If time in an emergency situation allows, as determined by the emergency personnel, please indicate the hospital of your choice: _____

In the event that my child becomes ill, **The Burlington Academy of Learning** is authorized to notify the following individuals should I (we) not be reached. These individuals are also authorized to remove my child from **The Burlington Academy of Learning**.

Name: _____ Name: _____

Relationship to Child: _____ Relationship to Child: _____

Home Phone: (____) _____ Home Phone: (____) _____

Cell Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Work Phone: (____) _____

PROGRAM SELECTION

\$30 per 1 child x _____ # child = \$ _____

\$25 per child for 2 siblings x _____ # children = \$ _____

\$20 per child for 2 or more siblings x _____ # children = \$ _____

TOTAL = \$ _____

I have enclosed my payment of \$ _____ and, by signing below, I acknowledge that all payments are non-refundable.

Parent/Guardian Signature _____ / ____ / ____
Date