



Tysons Corner Children's Center

Parent's Night Out Information Sheet

Date: ____/____/____

Site: ____ **Spring Hill**

____ **McLean**

- Child's Name:**
1. _____
 2. _____
 3. _____

Telephone number where parents can be reached during the PNO evening:

Mother's Name: _____ Telephone #: _____

Father's Name: _____ Telephone #: _____

Additional Emergency Contact for the evening:

Name: _____ Telephone #: _____

Relationship: _____

Does your child have any known allergies? (food, medication, etc.) ____ Yes ____ No

Is your child presently taking any medications? ____ Yes ____ No

If yes, please list: _____

Other important information and/or instructions for the evening:

Emergency Numbers:

Police – (Emergency) 911 / (Non-Emergency) 703-558-2222 Poison Control – 202-625-3333

I give permission to Tysons Corner Children's Center staff to provide care for my child/children from 6:15pm to 9:00pm during Parent's Night Out in accordance with the above date and our Parent Enrollment Agreement and Release form.

Signature of Parent/Guardian

_____/_____/_____
Date