



Child's name:	D.O.B
Parent's name:	Phone number:
To register, please complete (1) Online registration (personal information, schedule) (2) Parent Night Out policies & consent (this form) (3) Full payment	
Tuition & Fees: \$25 per child \$20 per sibling \$15 additonal hour per child	
For a detailed schedule as well as please visit our web www.juguemos.org Groups will open with a minimum of 4 children Parent Night Out is usually scheduled once a month. We reserve the right to cancel Parents Night Out at all times if necessary	
of the event. I understand that if I register on Fri	r the full tuition for the option selected prior to the date iday before the event, only cash will be accepted. No ted right to cancel this event at its discretion.
No refunds after. No refunds for cancellations	at least 2 business days before the event (Thursday). s due to illness or absences. No refunds or credits for available based on availability and is not guaranteed.
the emergency number that I provided. In case Juguemos A Cantar staff or parents in charge t treatment. I understand that my child will be	of emergency, I will be contacted or they will contact of medical emergency involving my child, I authorize to take my child to Methodist Hospital for emergency taken to the ER of the nearest hospital in case of all payments subsequent as well as any and all follow (Initials)
of the participating children and its parents or c	ctivities, Juguemos A Cantar may utilize photographs aregivers (without their names) while engaged in our use and waive all rights to compensation.



