

Valentine's Babysitting Plessisville Event

5:30 – 9:30 /// February 17 /// Bethany Baptist Church

Return no later than February 5 please!

Child's First Name: _____

Child's Last Name: _____

Age: _____

Allergies (circle one, if yes, what is it?): [no] [yes] _____

Life threatening allergies (circle one, if yes does child have epipen and are they capable of administering it themselves?: [no] [yes] _____

Parent's Name: _____

Parent's Phone Number: _____

Emergency Contact Name: _____

Emergency Contact's relationship to child: _____

(aunt, uncle, grandparent, family friend, etc)

Emergency Contact Number: _____

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- Please remember to sign your kid in and out!
 - Phone the church office if you need to contact us!**

Enjoy your date night!