



TYSONS CORNER CHILDREN'S CENTER
Parent's Night Out Information Sheet

Spring Hill Site Date: ___/___/___ McLean Site

CHILD'S NAME: 1. _____
2. _____
3. _____

Telephone numbers 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.)

Is your child presently taking any medications? If so, please list:

Other important information and or instructions for the evening:

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 9:00 PM during Parents Night Out in accordance with above date and our Parent Enrollment Agreement and Release form.

Signature of Parent/Guardian

Date