

# Rock Brook School ~ Parent's Night Out

Saturday, DECEMBER 5, 2015 5:30 pm ~ 9:30 pm

109 Orchard Road ~ Skillman, NJ 08558  
908-431-9500



## Parent's Night Out Registration Form Saturday, December 5, 2015

Family Name: \_\_\_\_\_

Name & Age of Children Attending: \_\_\_\_\_  
\_\_\_\_\_

We will be at: \_\_\_\_\_

Number where you can be reached: \_\_\_\_\_

Medical/Allergies for all Children Attending: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything else we need to know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost:	One Child	\$20		\$	_____
	More than One Child	\$25		\$	_____
	Pizza Slice	\$1 x _____	=	\$	_____

Total Enclosed - Checks payable to Rock Brook School \$ \_\_\_\_\_

PLEASE RETURN THIS FORM AND PAYMENT BY  
**Wednesday, December 2, 2015**