

Tysons Corner Children's Center  
**Parent's Night Out Information Sheet**



*Where Hearts and Minds Grow Strong*

Spring Hill Site

Date: \_\_\_/\_\_\_/\_\_\_

McLean Site

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.)

\_\_\_\_\_

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 6:15 pm to 9:00 pm during Parent's Night Out in accordance with the above date and our Parent Enrollment Agreement and Release form.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date