

# VALLEY YOUTH CENTER - 2011

## Halloween Party Permission Form

CHILD'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
I, \_\_\_\_\_ (Print Name), give my child permission to attend the Valley Youth Center's Halloween Party on Friday, October 28th, 2011 from 6:30 to 9:30 p.m. In case of Emergency, I give all representatives of the Valley Youth Center permission to treat or transport my child to an emergency room if needed. A doctor is on call for us on the day of the Halloween Party.

In Case of an emergency, I can be reached at:

Parent's Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ (Mom)

Cell Phone: \_\_\_\_\_ (Dad)

Cell: \_\_\_\_\_ (Other)

Name of Contact: \_\_\_\_\_

(PLEASE PRINT CLEARLY)

\_\_\_\_\_  
PARENT SIGNATURE

### PUBLICITY RELEASE

During our Halloween Party we will be taking photographs of the event as well as the children. We are going to put some of these pictures on the Valley Youth Center web site.

\_\_\_\_\_ I will allow my child to be photographed and possibly be placed on the VYC web site.

\_\_\_\_\_ I do not want my child to be photographed.

Parent Signature \_\_\_\_\_

-----  

### VOLUNTEERS NEEDED

(Mom's & Dad's/Aunt's or Uncles - Older Siblings Welcome)

\_\_\_\_\_ Yes, I can volunteer from 6:30 to 9:30 p.m. at the Valley Youth Center on Friday, October 28th for the event.

\_\_\_\_\_ yes, I can volunteer from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_ Yes, I can help bake cookies or cup cakes on the day of the event. Please drop off all baked goods on the day of the event. Call: 215-938-5202 to make arrangements or call Lori Ranieri at 215-947-4241 or Denise Hewish at 215-316-1531 for delivery of baked items.