



100 Old Orchard Grove – 647-297-3482 – info@childrensforest.ca

### Procedures for Date Night

#### Payment

- For Date Night, each completed application form must be completed, signed and accompanied by payment
- The payment must be current-dated and will be deposited as soon as possible
- Payments are non-refundable and non-transferable
- Payments are payable to Children's Forest

#### Acceptance

- Upon receipt of your completed booking form and payment you will received a confirmation email

#### Deadline for Application

- All complete application forms are processed as they are received; on a first come first serve bases
- If a booking form is received incomplete, it will not be processed

### Date Night Application Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Address: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Family Email: \_\_\_\_\_

Other Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Child's Health Card No. \_\_\_\_\_ Child's Medication? \_\_\_\_\_

Child's Allergies? \_\_\_\_\_ Does your child have an EpiPen? \_\_\_\_\_

Special instructions regarding diet, rest, exercise (ex. dietary restrictions): \_\_\_\_\_

Please list person(s) authorized to pick-up child: \_\_\_\_\_

\_\_\_\_\_

Date of Date Night: \_\_\_\_\_ Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Would you like tuck in program? (child in their pajamas and teeth brushed) \_\_\_\_\_

Would you like photo service? (photos sent to you during the night) \_\_\_\_\_

Cell phone number to send photos to: \_\_\_\_\_

I hereby make application for a date night with the following child in Children's Forest. I agree to abide by all the terms and conditions outlined in the Children's Forest's Procedures and by the rules and regulations of the Centre and the resolutions and by-laws as outline in the Policies and Procedures and Parent Handbook.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_