



List others who have permission to take your child home (first & last names, please):

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Allergies or other medical conditions of which Manna Night leaders should be aware (if there is more than one child listed on this form, please identify):

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Do you give permission for the child(ren) who you are registering to appear in this year's photographs?

Circle one: YES NO

Do you have any special talents that you might like to share with the children at Manna Night, for example, in the area of crafts or games?

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Would you or another member of your family like to volunteer at Manna Night? You do NOT need to be available every week, but if you are, we'd welcome that, too! If so, please identify.

Would you be willing to provide fruit, salad, a dessert, soup, or other food item sometime during one of our Manna Night weekly sessions? If so, please indicate your choice.

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Parent's/Guardian's Signature

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