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Gala Care
Dragon Flight - Kid's Night Out!

Dragon Flight is offering Kid's Night Out during the Gala. Your child will enjoy a safe night of fun. We will offer dinner, movies, games, prizes, gym time, Wii, Chromebooks, arts and crafts, science, a special surprise and more. You must complete the Kid's Night Out Registration Form (hardcopy) and pay online. Snacks will be available ranging from .50 - $1.00.

Registration deadline: Monday, April 14th. After the 14th a $10.00 drop in fee will be added to the fee.

Date: April 16th Cost: $20.00 per child Time: 6:00pm-12:00am

Grades: K-8 Snacks Available: .50 - $1.00

Where: Please use the cafeteria doors to drop off/pick up.

- Please bring a sleeping back and pillow.

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To register for after school classes, please go to https://sites.google.com/a/flagstaffacademy.org/after-school-care-and-enrichment/. Every class requires a signed release form as well as registration. Please be sure to have both completed before the start of class. Please fill out a DocuSign Door Code Waiver to receive a code to enter and exit the building. Every student should bring an afternoon snack to eat in the commons/cafeteria during roll call. Students should wait on the white wall in the commons/cafeteria after class for their parents to pick them up. Dragon Flight staff will sign each student out to their parents. Please use the cafeteria doors to pick your child up. For questions, please contact Jeanna Peppler at 303-217-6764 or jpeppler@flagstaffacademy.org

APRIL 16TH - KID'S NIGHT OUT REGISTRATION FORM (Please fill in all blanks---thank you!)

Child's Name: _____ Grade: _____ Age: _____

Does your child have any food allergies/special diets or medical conditions that we should be aware of?
_____

I give my permission for _____ to participate in this activity. I acknowledge that participation in this activity involves some risk of injury or death, and I assume these risks. I acknowledge that the participant is physically capable of performing this activity. I further acknowledge that the activity will be conducted at a location other than the student's school of attendance. Transportation will be provided by foot, the St. Vrain Valley School District busses, or a chartered bus. I release and hold harmless Flagstaff Academy and its personnel from any liability for any injury or death arising from participation in this activity. I hereby authorize Dragon Flight employees to take whatever action is deemed necessary in their judgment for the health of said child, including but not limited to rendering first aid, administering CPR, and providing transportation for the sick or injured child to the child's home, hospital, or doctor's office, by ambulance, or other available transportation.

Signature of Parent/Guardian _____Date _____

Child's Name: _____ Grade: _____ Age: _____

Does your child have any food allergies/special diets or medical conditions that we should be aware of?
_____

I give my permission for _____ to participate in this activity. I acknowledge that participation in this activity involves some risk of injury or death, and I assume these risks. I acknowledge that the participant is physically capable of performing this activity. I further acknowledge that the activity will be conducted at a location other than the student's school of attendance. Transportation will be provided by foot, the St. Vrain Valley School District busses, or a chartered bus. I release and hold harmless Flagstaff Academy and its personnel from any liability for any injury or death arising from participation in this activity. I hereby authorize Dragon Flight employees to take whatever action is deemed necessary in their judgment for the health of said child, including but not limited to rendering first aid, administering CPR, and providing transportation for the sick or injured child to the child's home, hospital, or doctor's office, by ambulance, or other available transportation.

Signature of Parent/Guardian _____Date _____

I give my permission to have my child/ren photographed for school pictures and participate in possible media coverage ___Yes ___No

Parent/Guardian Name: _____ Email _____

Address: _____

Best Phone: _____ Alternate: Phone_____

#1 Emergency Contact: _____Relationship:_____Phone:_____

#2 Emergency Contact: _____Relationship:_____Phone:_____

Emergency contacts need to be available the night of the 18th.

If your child requires any type of medication, I will need a copy of the school and prescription forms filled out by your doctor before your child can attend.
For questions, please contact Jeanna Peppler at jpeppler@flagstaffacademy.org or 303-217-6764. - Thanks