



*Friday,  
Feb 13th 6-10pm  
FMA PTO hosts an  
evening of movies, games,  
dinner and snacks for kids so  
Parents Get the Night Off!  
Register in office by  
Feb 2nd. \$10 per child.*

*If you'd like to  
volunteer, contact:  
president@fmapto  
or call 617.308.6840*

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\_\_\_ I plan to attend the PTO Meeting & Family Dinner at 5:30pm

\_\_\_ I am interested in volunteering to provide activities with children from 6-10pm

\_\_\_ I am interested in registering children to stay and play while I take the night off.

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parents Take the Night Off Kids Activities Registration (Due by Feb 9th)**  
**February 13, 2015, 6pm-10pm**  
**5:30pm PTO Meeting and Family Dinner**

Parent/Guardian 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Medical needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Medical needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Medical needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Medical needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Emergency Contact (in the event parents cannot be reached)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent to seek Treatment in the event of a Medical Emergency**

I, \_\_\_\_\_, for \_\_\_\_\_,

\_\_\_\_ Mother \_\_\_ Father \_\_\_ Legal Guardian \_\_\_\_\_ Son \_\_\_ Daughter

hereby voluntarily grant permission to the provide emergency medical care in the event I cannot be reached.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_