



Office of Community Programs

When: Fridays, February 3, April 13 and May 4; 7 p.m. - 11 p.m.

Where: Aragon Middle School (16823 West Road, Houston 77095)

Who: Children up to 8th grade (For children who can use the bathroom independently)

Cost: \$20 per child, \$45 per family (3+ children)

Theme: Pajama Jam!! Wear your favorite PJs!!

Dinner: Pizza, juice and cookies included!

Activities: Art, games, cartoons, and much more! Children are divided into small groups by age/grade for activity rotation.

Club Rewind membership is not required. For more info: 281-807-8900. To enroll, complete the bottom portion of this form and return with payment to a Club Rewind representative at your home campus by one week prior to Pajama Jam date or mail by deadline to:

Office of Community Programs-Parents' Night Out
22602 Northwest Freeway, Suite 1
Cypress, TX 77429

Important Parent/Guardian Information: Payment MUST be included with this form. Please make checks payable to **CFISD - Pajama Jam**. Payment is non-refundable and non-transferable. Deadline to enroll: one week prior to Pajama Jam date. An additional \$5 will be charged per child for forms received after deadline. After the deadline, forms are only accepted at the Office of Community Programs or at the actual program event. The Office of Community Programs is located at 22602 Northwest Freeway, Cypress, TX 77429 in between Arnold Middle School and Cy-Fair High School.

Please indicate the date your child would like to attend:

_____ Friday, February 3 (January 27 deadline) _____ Friday, April 13 (April 6 deadline)

_____ Friday, May 4 (April 27 deadline)

Student's Name: _____ Grade (list Pre-K if younger than school age): _____

Male or Female: _____ Parent's Name: _____ Home Phone: _____

Cell Phone/ Pager/ Other Emergency Phone #s: _____

Parent's E-Mail: _____

Special Instructions/ Needs/ Allergies: _____

Person authorized to pick up my child (MUST INCLUDE DL #): _____

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the facility staff or person in charge to take my child to North Cypress Medical Center (21214 Northwest Freeway, Cypress, TX 77429). I give consent for this facility to secure any and all necessary emergency medical care for my child.

Signature: _____ Date: _____

I recognize that in the event my child's behavior becomes severely disruptive, unsafe to him/herself or others, or my child does not respond to intervention, I will be called to pick him/her up immediately and I will not be reimbursed for payment. _____ Initials

I recognize that I may not arrive to pick up my child smelling of alcohol or displaying any other erratic behavior. _____ Initials

If I arrive after 11:00 p.m. to pick up my child, I recognize I will be charged a late pick up fee of \$1 per minute/child after 11:05 p.m. _____ Initials

***DO NOT RETURN TO THE SCHOOL STAFF.
FORMS MUST BE TURNED INTO CLUB REWIND STAFF MEMBERS OR MAILED***

Staff Use: Check #: _____ Amount: _____