

Byerland Mennonite Church

Nursery Registration

Parent/Guardian: _____

Address: _____

Phone: (home) _____ (cell) _____

E-mail: _____

Emergency Contact: _____

(in the event parent/guardian cannot be reached)

Relationship to Child: _____

Address: _____

Phone: (home) _____ (cell) _____

E-mail: _____

1. **Name of Child:** _____ **DOB:** _____ **Age:** _____

2. **Name of Child** _____ **DOB:** _____ **Age:** _____

3. **Name of Child:** _____ **DOB:** _____ **Age:** _____

Medical Information:

Physician: _____ Phone #: _____

(allergies to food, medication, or other substances etc.)

Snacks my child may have if provided in the nursery (including but not limited to)

_____ crackers _____ dry cereal _____ cookies _____ water

Other suggestions (only dry food snacks are allowed in the nursery) _____

Other (check any that apply)

- I would not like my child to have any snacks while in the nursery.
- I will provide my child with a snack for the nursery
- If my child needs to use the bathroom and/or have a diaper change, I wish to take care of those needs myself and should be contacted.

I by my signature give any and all Byerland Mennonite Church approved adult volunteers permission to treat my child\children for minor injuries and if need be to provide for emergency medical care in the event that I cannot be located immediately. I also agree that I will not hold Byerland Mennonite Church or its representatives responsible for any accident or injury that may occur in the church building or on its premises.

Other specific requests or information about my child, including additional emergency contacts, in the event a parent/guardian cannot be located and **other persons authorized to pick up my child:**

I received a copy of the Nursery Guidelines for Parents. Yes No

Parent Signature: _____ Date: _____