

Form 13 - Cross Roads Nursery Registration Form

Parent/Guardian: _____

Address: _____

Phone: (home) _____ (cell phone) _____ Other: _____

E-mail: _____

Emergency Contact: _____

Relationship to Child: _____

Phone: (home) _____ (cell phone) _____ Other: _____

E-mail: _____

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

Allergies to food, medication or other substances Or Medical conditions we should know

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

Allergies to food, medication or other substances Or Medical conditions we should know

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

Allergies to food, medication or other substances Or Medical conditions we should know

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Medical Information:

Physician: _____ Phone #: _____

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

____ crackers ____ dry cereal ____ cookies ____ water ____ juice ____ soft candy

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.

By my signature, I give any and all Cross Roads Presbyterian Church approved adult volunteers/staff 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 Cross Roads Presbyterian 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:

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

Parent

Signature: _____ Date: _____