



Today's Date: _____

NEW HOPE PRESBYTERIAN Early Childhood Ministry Registration Form 2011

ATTENDING (check all that may apply)

Revised March 2011

Sunday Mornings _____

Hannah Circle _____

Wednesday Nights _____

Parents Day Out _____

Vacation Bible School _____

The Well _____

MOPS _____

VISITOR _____

Child's Name _____
Last Name First Name MI

Date of Birth _____ Age _____ Gender: M F
MM/DD/YY

Date of Baptism _____

Child brought to New Hope by: _____
Relationship

Home Church _____

Siblings of child _____

Parent Name(s) _____

Address _____
(Where Child Resides) Street

_____ City Zip

Home phone _____ Cell phone _____

Email Address _____

Child lives with Mother Father Other: _____
Relationship

Alternate Address _____
Street City Zip

Allergies/Health Concerns/Special Needs: _____

NURSERY RELEASE FORM

THIS MUST BE COMPLETED AND RETURNED TO THE NURSERY DURING YOUR CHILD'S FIRST VISIT TO THE NURSERY.

I hereby grant permission for my child to use all of the play equipment and participate in all activities of the Church. I understand that my child is very well supervised both in the classroom and outside when using the playground equipment or in the yard. I fully realize that accidents do occur even with adequate teachers and supervision and agree not to hold New Hope Presbyterian Church or its teachers and employees responsible for injuries that may be sustained by my child while in their care.

I have been provided with a copy of the Nursery Guidelines and Sickness Policy and I agree to follow these guidelines at all times.

I hereby grant permission for my child to be included in pictures connected with the church program.

I hereby grant permission for the nursery staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps include, but are not limited to the following:

1. Attempt to contact a parent or legal guardian
2. In case of a serious emergency, call 911 and request an ambulance or paramedic to treat the child.
3. Have the child taken to the nearest emergency hospital in the care of a staff member. Any expense incurred will be the responsibility of the parents or legal guardian.
4. The Church will not be responsible for the failure of a parent or guardian to inform us of any medical or physical condition or any false information given at time of registration.
5. Administer first aid.

Child's Name _____

Signature of Parent or Legal Guardian _____

Date _____