

**Parent/Guardian Information**

Registration Date: _____

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Cell Phone: () _____

Work Address: _____ Office Phone: () _____

_____ Work Hours: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____☐ Custodial Parent (If married, mark both parents)

Email: _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Cell Phone: () _____

Work Address: _____ Office Phone: () _____

_____ Work Hours: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____☐ Custodial Parent (If married, mark both parents)

Email: _____

**Child Information****1st Child** First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____

Child's Address: _____

Home Phone Number: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Child's S.S. #: _____

**Medical Information**

Does your child have any existing medical conditions that we should be aware of? ☐ Yes ☐ No

If yes, please explain: _____

In reference to the above, What medications and/or special attention does your child require?

Does your child have any allergies? ☐ Yes ☐ No

If yes, what is your child allergic to? _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Preferred Hospital: _____

**Photographs:**

May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

Please complete and return a photo release form to our nursery staff.

**Emergency Contacts & Authorized Pickup Persons:**

Your child will *only* be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In the case of an emergency or an unforeseen circumstance, please indicate the name, phone number, and relationship of any other person(s) who you authorize to pick up your child on your behalf. A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

1st Contact/Pick Up

Name: _____

Phone: _____

Relationship to the Child: _____

- ☐ May pick up my child on my behalf
☐ May receive information about my child on my behalf

2nd Contact/Pick Up

Name: _____

Phone: _____

Relationship to the Child: _____

- ☐ May pick up my child on my behalf
☐ May receive information about my child on my behalf

3rd Contact/Pick Up

Name: _____

Phone: _____

Relationship to the Child: _____

- ☐ May pick up my child on my behalf
☐ May receive information about my child on my behalf

4th Contact/Pick Up

Name: _____

Phone: _____

Relationship to the Child: _____

- ☐ May pick up my child on my behalf
☐ May receive information about my child on my behalf

**Service/Class Information:**

Which services, classes, and/or meetings will you be attending that you are aware of at this time for which you will need childcare? Please include days and times if attending programs other than Sunday morning services.

**Additional Comments & Information:**

Is there is any other information that that would be helpful to our staff? (i.e. diapering or nap information, food restrictions, etc.)

**Signature:**

I hereby authorize the volunteer and paid nursery staff of Christ United Methodist Church to provide care to the child listed on this form at the premises of 200 North Main Street, Jacobus, Pennsylvania, 17407 and at any other premises as authorized by signed permission form.

☐ Yes ☐ No

In case of medical emergency, I understand that every effort will be made to contact me or my emergency contact(s). If I or someone on the emergency form cannot be reached, I give the Christ United Methodist Church nursery staff permission to secure medical treatment necessary for my child including CPR and/or first aid from a certified individual. If further care is necessary, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child.

☐ Yes ☐ No

I have provided information on my child's special needs (allergies, diet, disabilities, and/or medical information) to the nursery staff as may be necessary to assist in properly caring for my child in case of an emergency.

☐ Yes ☐ No

I further agree to review and update this information as changes occur.

Parent's Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Thank You!