



NURSERY CHILD CARE INFORMATION (PARENTS FORM)

First and Last Name of Child: _____

Gender: _____

Birth Date: _____ **Age (as of 9/1/15)** _____

Additional Information (serious allergies, minor allergies, medical conditions)

Parent/Guardian Information:

Name: _____

Address: _____

Contact Phone Number: _____

EMERGENCY CONTACT INFORMATION

A parent/guardian is expected to be on the church property when their child is being cared for in the church nursery, unless under special circumstances.

PHOTO DISCLAIMER:

I give permission for Christ United Methodist Church in Rockford, IL to take pictures of my child to potentially be used in publications on the church website, marketing collateral materials and news releases in regard to any church sponsored activities.

Parent Name: _____

Parent Signature: _____ **Date:** _____

*****Note: Please submit this form to the Nursery Staff In-charge at time of drop-off.***

Thanks!
Joy Hayag
Director of Children's and Family Ministries

