Nursery Registration

St. John's Episcopal Church

We are gathered to celebrate God's gifts and sent to respond to the needs of the world.

Please return to the Nursery Care Giver

FULL NAME OF CHILD

AGE BIRTHDATE

FULL NAME OF CHILD

AGE BIRTHDATE

PARENT/GUARDIAN NAMES

EMAIL CELL PHONE

1. What activities does your child enjoy?

2. Please list any allergies, medications, or learning issues.

3. Parental Consents

I give full permission for my child to engage in the various activities sponsored by St. John's Episcopal Church for its Christian Education program, including, but not limited to, the nursery, travel in automobiles, attendance at related group activities, and general participation in any and all activities sponsored by or associated with St. John's Christian Formation.

Parent's Signature:

4. Please initial these statements if applicable:

I give permission for photos and/or video taken of my child to be used for church-related publicity.

Parent's Initials: _____

I give permission to the leaders at St. John's to secure emergency medical or surgical treatment for my child and to secure routine medical care as needed if I am not present and there is insufficient time to contact me.

Parent's Initials: _____