

**2008/09 NURSERY REGISTRATION / ONE FORM PER FAMILY**

Parents names: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Mother's Work: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Dad's Work: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Is your family a registered member of Christ The King ? Yes  No

**Please print your email clearly. Email address will only be used to send out the Nursery's monthly calendar and newsletter.**

**Register all children under the age of twelve. Please complete all lines.** If necessary continue on the back of this form.

Name: \_\_\_\_\_ Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Medical Alerts: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Name: \_\_\_\_\_ Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Medical Alerts: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Name: \_\_\_\_\_ Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Medical Alerts: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Emergency contact**

This person has permission from you to pick up, transport, and assume all responsibility for your child in the event of an emergency or illness. Phone numbers must be local and the contact person **MUST KNOW AND HAVE AGREED** to assume this obligation.

Name: \_\_\_\_\_ Relationship to your child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Additional contacts: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

**With your signature you as parent or legal guardian are granting your permission for and agree to the following:**

- ✓ Nursery staff to have your child(ren) transported to a medical/dental facility or an emergency disaster location if necessary. Staff determines what defines the term 'necessary', taking into account current conditions and events.
- ✓ All medical/dental treatment that is administered to your child (ren), including blood and blood products. To pay in full all medical/dental bills that are incurred from any and all care your child (ren) receives.
- ✓ Your child(ren) remain current on all of their immunizations as mandated by Arkansas Department of Health.
- ✓ Your child(ren) to attend and fully participate in all play activities the nursery offers.
- ✓ Not to hold responsible the Diocese of Little Rock, Christ the King Parish, the Pastor, Nursery Director, or any church/school employee(s) responsible in the event of an accident, injury or any/all emergency decisions made by Christ the King Nursery, School, or Church.
- ✓ Nursery staff to photograph children for bulletin boards and displays only within the nursery facility.
- ✓ For the parent and child(ren) to abide by the rules and regulations of the Nursery as found in Parent Handout or published elsewhere, which rules and regulations are deemed a material part of this agreement.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A facility fee of \$35 per family, per year is due upon registering** for all events for which the nursery will be available. The fee is not prorated and is non-refundable. For sacramental events such as First Holy Communion Mass, Confirmation Mass, Reconciliation services, PRE, RCIA, Pre-Cana and NFP there is no fee.

Supervisor Signature: \_\_\_\_\_ cash / check: \_\_\_\_\_ date \_\_\_\_\_