2010/11 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 calendar and newsletter.

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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: _____

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Allergies/Medical Alerts: _____
Special Instructions: _____

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.
- ✓ 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.

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_____