

SACRED HEART CATHOLIC CHURCH WEE DISCIPLES NURSERY
REGISTRATION FORM 2019-2020

Child's Information

NAME: NICKNAME:	REGISTRATION DATE:
DATE OF BIRTH: Month: _____ Day: _____ Year: _____	SEX: MALE FEMALE
AGE:	
SPECIAL INTERESTS (Animals, Reading, Toys, Singing, Building, etc.):	
MAY YOUR CHILD EAT THE SNACKS PROVIDED: Animal Crackers, Goldfish, Vanilla Wafers, Pretzels YES or NO	
SPECIAL FOOD NOTES: Please indicate any food allergies.	
<i>We may have special treats such as fruit or cake for lessons or holiday events so please write any exclusions or not applicable:</i>	
MEDICAL, LEARNING OR EMOTIONAL NEEDS:	
<p>PHOTOGRAPHY RELEASE: Please answer each carefully, as this section is very important to child safety Photos of your children will be taken during Nursery Ministry hours. Please identify which of the following you approve of your child being photographed and displayed for:</p> <p>Nursery Classroom : YES or NO Sacred Heart Parish Bulletin or E-Blast : YES or NO The Pilot : YES or NO Ministry Expo Flyers or presentation displays: YES or NO Wee Disciples Nursery Newsletter : YES or NO Sacred Heart Parish Webpage: YES or NO Sacred Heart Parish Facebook: YES or NO</p>	

PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN NAME:	HOME PHONE:	E-MAIL:
	CELL PHONE:	
FATHER/GUARDIAN NAME:	HOME PHONE:	E-MAIL:
	CELL PHONE:	
STREET ADDRESS		
CITY/STATE/ZIP		

Note: Any additional information you would like to add or questions for us please write on the back of this form.

I (Printed Name) _____ have reviewed and understand compliance with the Sacred Heart Catholic Church Wee Disciple Handbook and photography release procedures of staff, volunteers, and users of the Nursery Ministry.

(Signature/Date) _____

FOR STAFF USE ONLY:

IMMUNIZATIONS VERIFIED: _____ DATE _____ NAME _____

SET TRAINING SCHEDULED _____ COMPLETED: _____ EXPIRES: _____

BACKGROUND COMPLETED _____ STATUS: _____ EXPIRES: _____

CERTIFYING OFFICIAL (1) _____ DATE: _____

CERTIFYING OFFICIAL (2) _____ DATE: _____