

powder springs first united methodist church
nursery registration card
2011-2012



Child's Name: _____ Nickname: _____

Birth Date: _____ Today's Date: _____ Special Needs: ____ Y ____ N

Snacks:

Do Not Give: _____ Allergies: _____

Parent/Caregiver #1: _____ Parent/Caregiver #2: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Email: _____

Street, City, Zip: _____

Signature of Parent/Caregiver _____ Date: _____

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Child's Name: _____ Nickname: _____

Birth Date: _____ Today's Date: _____ Special Needs: ____ Y ____ N

My Favorite Things

_____ Blanket: _____
_____ Pacifier: _____
_____ Toy: _____
_____ Game/Song: _____

Snacks

_____ Are OK: _____
_____ Do Not Give: _____
_____ Allergies: _____
_____ Concerns: _____

When I'm sleepy: _____
When I'm crying: _____
Ways to calm me: _____

We usually attend: ____ 8:45 am Worship Service; ____ 11:00 am Worship Service;
_____ Sunday School Class; ____ Wednesday Night Fellowship Activities

Parent/Caregiver #1: _____ Parent/Caregiver #2: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Email: _____

Street, City, Zip: _____

I am available to be on a volunteer rotation in the nursery during the time(s):

_____ 8:45-9:45 am Sunday _____ 9:45-12:00 am Sunday _____ 6:15-8:00 pm Wednesdays

Siblings Names & Ages:

Emergency Contact & Authorized Pickup Persons:

Phone & Relationship To Child:

Permission: I understand that pictures or videos of my child (without identifiable name) may be used in publications for PSFUMC promotions without monetary gain.

Signature of Parent/Caregiver _____ Date: _____

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Additional Information for Children with Special Needs

Special Need _____

Medications? _____ yes _____ no If yes, list _____

Purpose of Medication _____

Seizures? _____ Allergies? _____

Are there eating issues we should be aware of? Are there any foods or drinks we should not give your child? What kind of assistance does your child need with eating or drinking?

What physical supports does your child need? While sitting on the floor, sitting in a chair, standing?

Does your child have any sensory issues that we should know about? Loud music, bright lights, textures? How would you like us to handle this? _____

How can we best comfort your child? _____

Is there additional information we should be aware of?

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Phone & Relationship To Child:

Release/Permission: I give permission for my child to be involved in the Powder Springs First United Methodist Church (PSFUMC) and its activities. In the event of sickness or medical emergency, I understand that my signature grants permission for any medical treatment deemed necessary should I not be available or cannot be contacted. I understand that I am responsible for all expenses for the treatment and care of my child. I waive any and all claims against PSFUMC, its employees, and appointed leaders.

In addition, I understand that pictures or videos of my child (without identifiable name) may be used in publications for PSFUMC promotions without monetary gain.

Signature of Parent/Caregiver _____ Date: _____