

Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_

# St. John's NURSERY Registration

## 2007-2008

*Parents are asked to complete this form EACH YEAR, to keep our records current. Due to space and staffing limitations, children are cared for in the Nursery up to age 3 when Sunday School is in session and up to age 5 over the summer months.*

*Thanks for your cooperation!*

Contact Cathy Ode, Director of Children's Ministries, with any questions or concerns:  
303-442-5246, ext. 107, or cathyode@gmail.com

CHILD'S FIRST & LAST NAME

DATE OF BIRTH

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Street Address

City

State

Zip Code

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

(Area code) Number

(Area Code) Number

Email address: \_\_\_\_\_

ST. JOHN'S MEMBER?  Yes

No

"I would like information about joining St. John's."

Please list people other than parent(s) listed above who **are allowed** to take your child(ren) from the Nursery (such as grandparents, older siblings, babysitters, friends, etc...). Your child will not be released to anyone who is not on this list.

NAME

RELATIONSHIP

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(OVER)**

If you usually sit in the same section of the church, please tell us where (or draw a picture) so we can find you quickly if necessary:

Do you usually leave a diaper bag with your child(ren)? If so, please describe the bag:

Is your child potty trained? If so, how does he/she indicate a need to use the bathroom?

What else should we know to help ensure the best possible experience for your child in the St. John's Nursery? (Please include any learning disabilities, physical limitations, allergies, or custody arrangements that we should know about.)

***I give permission for the above named child(ren) to be cared for in the St. John's Nursery. I understand that I am required to remain on the St. John's campus while my children are in the Nursery.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***I am willing to volunteer in the Nursery when the regular Nursery staff are not available (your commitment would be approx. twice a year):***     ***Yes***     ***No***

Occasionally we photograph children at St. John's and use the photos, without identifying the child by name, in St. John's publications or on our website. Please indicate your choice below:

***Yes. You may use photographs of my child(ren) in St. John's publications and on the website.***

***No. Please do not use photographs of my child(ren) in St. John's publications or on the website.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

COPY TO DCM: \_\_\_\_\_

ENTERED IN SYSTEM \_\_\_\_\_