

Mom's Morning out Nursery –please note which you are registering for:

Registration for 16/17 School year _____ Registration for 2017 summer _____

Registration Form

Child's Name _____

Age _____ DOB _____

Parent 1 Name _____

Parent 2 Name _____

Address _____

City _____ Zip _____ e-mail _____

Cell phone _____ work phone _____

What time does your child eat? _____

How much do they usually eat? _____

Is your child potty trained? _____

Will the child's bottle be made and in their diaper bag? _____

Is it ok to serve them a snack from the nursery? Nilla wafers, animal crackers, and gold fish. Water to drink...

Has your child ever been left in a nursery before? _____

Does your child have any special words we should know?

Does your child have any allergies?

Is there anything else you think we should know about your child?

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Emergency Contact Name _____

Relationship _____ Phone _____

Family Doctor: _____ Phone _____

Family Health Plan Carrier: _____ Policy # _____

Parent/Guardian Signature: _____

Parent/Guardian Consent form and Liability Waiver

As parent and or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named here, or our heirs, successors and assigns, to hold harmless and defend St. John Mary Vianney Catholic Church, its officers, directors, agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection therewith, and I agree to compensate the organization, its officers, directors and agents , and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney’s fees and expenses arising therewith

Parent/Guardian Signature _____ Date _____

Photography and Video Consent: From time to time, pictures and video may be taken of youth ministry/parish/school events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and the parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the organization or webmaster and they will promptly be removed.

I the parent/guardian of this/these youth _____

Authorize and give full consent, without limitation or reservation, to St. John Mary Vianney Catholic Church to publish any photograph or video in which the above named student/s appears while participating in any program associated with St. John Mary Vianney Catholic Church, Kirkland, WA. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

List of people who can pick up my child from Mom’s morning out

_____.