2019/2020 Nursery & Parent Lounge Registration Form

**Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_**

**Telephone # :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child Name(s)** | **Birth Date** | | | **Gender** | **Age** | **Baptism Date** |
| **Day** | **Month** | **Year** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**MEDICAL:** Please specify any health problems or allergies your child or children may have.

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

**FAMILY/PERSONAL CIRCUMSTANCES:** Are there any family or personal issues your children may be working through? (i.e. divorce, family death**,** recent move)All information is kept confidential and helps teachers, leaders and ministers support your child:

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

**PHOTO RELEASE:** We enjoy taking photos of the children. These photographs may be used in various ways, including but not limited to, bulletin boards, gifts to children and families, web-site updates, and future promotion material.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize that photographs may be taken of my children, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Parent/Guardian (please print) Child/Children’s name

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardiansignature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­

***Our goal at St. David’s is to provide a meaningful Christian experience for all children. Your support is essential to provide this special ministry:***

To help offset the cost of the program and supplies, a suggested registration donation of $20 to $50 per family will be gratefully received. Thank you. Amount received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash ◻ Cheque ◻

**Complete this portion if an Official Income Tax Receipt is required.**

Tax Receipt to be issued in the NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENVELOPE # \_\_\_\_\_\_\_\_\_\_\_\_ or ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our Nursery is located in the Rainbow Room at the far end of Robertson Hall. Each Sunday morning, Abby welcomes children up to age three. There are activities provided and a variety of toys for children to explore. Parents are welcome to stay in the nursery with their children to nurse, ease separation anxiety or just to share the time together.

St. David’s has the honor of offering baptism classes.

If you are interested in having your child baptized, please speak with the church office.

**Please complete both sides of this form.**

2019-20 E-MAIL CONSENT FORM

**E- MAIL CONSENT:** To inform you about events happening in the Children’s Ministry, e-mails are sent out with updates and newsletters. We respect your right to privacy and send our e-mails blind carbon copy to protect it. We do not give e-mails out without your permission.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to being contacted via e-mail for communication regarding

(Please Print) church events/information.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note:** Parents are invited to help with their own children.

All volunteers who work directly with other children require:

* a Vulnerable Sector Police Check
* a Child Protection Screening & Orientation.

***A child who has faith, has a foundation for life.***