

SACRED HEART CATHOLIC CHURCH  
 WEE DISCIPLES NURSERY  
 REGISTRATION FORM 2018-2019

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    YES or NO <b>SPECIAL FOOD NOTES: Please indicate any food allergies.</b>  <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:	
PHOTOGRAPHY RELEASE: <b>Please answer each carefully, as this section is very important to child safety</b> 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: 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	

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: \_\_\_\_\_