

**HAYSHIRE UCC's  
CHURCH NURSERY REGISTRATION, MEDICAL INFO, AND RELEASE FORM**

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
(street, city, state zip)

Phone: \_\_\_\_\_(H) \_\_\_\_\_(C)

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

Emergency contact: \_\_\_\_\_  
(in the event parent/guardian cannot be reached)

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_  
(street, city, state zip)

Phone: \_\_\_\_\_(H) \_\_\_\_\_(C)

**Name(s) of child(ren)**

1. \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

**Medical Information**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all allergies, medication, or other special needs/assistance)

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

**Snacks** (check any that apply)

I would not like my child to have any snacks while in the nursery.

I will provide my child with a snack for the nursery.

You may offer my child a snack during nursery – please see below.

Snacks my child may have if provided in the nursery (including but not limited to)

crackers     dry cereal     cookies     water     juice     soft candy

Other suggestions: \_\_\_\_\_

**Bathroom**

I will be notified if my infant/young child needs a diaper change, and will take care of the need.

If my child needs to use the bathroom I wish to take care of those needs myself and should be contacted.

Staff may take my child to bathroom and assist with needs as necessary. Please notify me of the need and assistance provided when I pick up my child.

**Injuries/First-Aid**

I, by my signature, give any and all Hayshire UCC’s “Approved Adult” volunteers permission to treat my child/children for minor injuries, and if need be to provide for emergency medical care in the event that I cannot be located immediately. I also agree that I will not hold Hayshire UCC or its representatives responsible for any accident or injury that may occur in the church building or on its premises.

Other specific requests or information about my child, including **other persons authorized to pick up my child:**

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

I have reviewed a copy of the Nursery Guidelines for Parents     Yes     No

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

(Parent/Guardian’s signature)