

Registration

Parent Name(s):

Address:

Phone Number: E-Mail:

Child Name	Birthdate	Sex	Grade	Allergies
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Does your child have any known behavioral, mental, physical, or special needs it would be helpful for us to know about?

I am interested in serving in:

NURSERY CLASSROOM HELPER SUNDAY SCHOOL TEACHER CHECK-IN

Additional Information for Children Under 4 (If applicable) :

If not potty trained, is it okay for nursery staff to change diapers?

YES NO

If your child(ren) has trouble separating, what might help them transition?

When we have tried these things, what length of time are you comfortable with letting them cry before we call you? _____ min. (We are willing to keep trying unless they are truly inconsolable, this is for your peace of mind.)

I give my permission for the child(ren) listed above to be photographed while participating in KidZone activities. I understand that these pictures may be published in various church related or local media and social media. I agree to follow Faith Community Church's Wellness Policy and to assume all the risks of attendance and participation for my family and waive any liability against the church and any other parties.

_____ Date

Parent/Guardian Signature