



NURSERY

Registration Form

For children currently new-born up to three years old

REGISTRATION INFORMATION

Today's Date: _____

Thank you for your interest in registering your child with New Life's Children's Ministry – Kidz Zone. This information is being gathered to enrol your child in Kidz Zone and to serve him or her effectively while in our care. The information will remain confidential amongst Staff and Ministry Partners.

Is New Life your home church? **YES**, we attend regularly **NO**, we are just visiting today

CHILD INFORMATION

Child's First Name

Child's Last Name

Birthday: mm / dd / yyyy

Current Age: _____

Gender: **MALE** **FEMALE**

Address

City

Postal Code

MEDICAL/HEALTH INFORMATION

Does your child have allergies? **YES** **NO** Does child use an Epi-Pen? **YES** **NO**

Please specify: _____

Does your child have dietary restrictions? **YES** **NO**

Please specify: _____

Does your child have any special health, learning or behavioral needs? **YES** **NO**

Please specify: _____

NOTE: If your child has special needs, you will be contacted to complete an additional form.

CLASS SPECIFIC INFORMATION

Each week in the Nursery, children enjoy time to play with their friends and to learn a short Bible lesson. A snack is offered to children who are old enough to eat and are not allergic.

Which are safe for your child to eat:

- Infants only: *Baby Mum-Mums*
- Toddlers: *Goldfish Crackers* *Apple Juice* *Arrowroot Cookies*

PARENT/GUARDIAN INFORMATION

Home Phone (if applicable)

Contact email address

Primary Parent/Guardian Name

Relationship to Child

Cell Phone Number

Secondary Parent/Guardian Name

Relationship to Child

Cell Phone Number

Please list an emergency contact and anyone else you give permission for you child to be released to:

Emergency Contact Name

Relationship to Child

Phone Number

Additional Pick-up Name

Relationship to Child

Phone Number

PHOTO/VIDEO PERMISSIONS

I give permission for images and videos of my child and his/her projects to be used solely for the purposes of promoting the ministry (e.g. flyers, website, videos). **YES** **NO**

Please explain: _____

PARENTAL WAIVER AND CONSENT FORM

I, the parent/guardian named below, give permission for my child to participate in Kidz Zone Children's Ministry at New Life Community Church and I assume the risks that may accompany such participation.

I agree that New Life Community Church, its officers, directors, employees and volunteers shall not be held liable for any loss, damage or injury to my child or my child's property arising or resulting from participation in the Kidz Zone Children's Ministry. I give Kidz Zone officials the authority to act on my behalf in the event of an emergency.

This consent and authorization is effective only when participating in Kidz Zone Children's Ministry at New Life Community Church.

Parent/Guardian Signature _____

Printed Name _____

Date _____

Any comments, questions or concerns can be directed to our Children's Pastor:

Pastor Janelle Archibald
905-790-1084 ext. 230
pastorjanelle@newlifebrampton.ca