



Nursery Registration Form

(Sept. 2016 – Aug. 2017)

**Please complete the following form prior to
your child's admission to the Nursery**

Child's Name: _____

Address: _____

DOB: _____

Parent Name: _____

Parent Name: _____

Phone: _____

Allergies/Special Requirements: _____

Diapering Needs Do you wish us to:

Change Diaper / Inform me

**I agree not to hold First Lutheran Church and its employees and members legally or financially liable for any illness, accident or injury to my child that may occur before, during or after any Nursery class. If my child should become ill or be injured and I cannot be contacted immediately, I agree that an employee of First Lutheran Church may, without liability, act in my stead in consenting to any medical treatment that he or she in good conscience deems to be in the best interest of my child. **I give my permission for any picture taken of my child to be used for promotional purpose.

Parent Signature: _____

Date: _____