



2010-2011 Nursery Registration Form (Ages 1 & 2)

Our Nursery operates on a co-op basis during the 10:00 a.m. Sunday Mass from fall to spring. Registration is required for all children. Your assistance is required on a rotational basis in place of a fee. See program flyer for dates and details.

(Please print)

Name of Child _____ Age _____ Gender _____
(Last) (First)

Street Address _____

City and Zip Code _____

Child's Date of Birth ____ / ____ / ____

(Please print)

Parent Name(s)/Guardian Name(s): _____

Phone(s) _____ / _____ e-mail _____
(home) (other)

Child lives with Mother Father Both Parents Guardian

Other children in Religious Readiness Program Yes (how many? ____) No

I/We will assist: Weekly _____ Bi-weekly _____ Once a month _____

Please assist us in providing a safe and secure environment for your child by indicating any known disabilities (medical, physical, behavioral) food, drink or other allergies, and any other pertinent information about your child:

I, the undersigned, realize that children left in a child care facility can injure themselves without any fault on the part of the facility attendant. I, therefore, do hereby release St. Clarence Church, Pastoral Staff, Child Care Attendant and Assistants from any liability regarding possible injury to my child.

Signature: _____ Date: _____

For office use only:

Date rec'd: _____ Initials: _____