

# Living Word Lutheran Church

# Nursery Form

## (2017-2018)



Welcome to the Living Word Lutheran Church Nursery! This form is to help us get to know your child better so we can provide the best care possible while they are in the nursery with our staff. We also want to make sure parents understand the nursery's guidelines so that every child is safe and well cared for. Please note: the nursery is intended for children ages two years and younger. Thank you!

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

Anything we need to know about your child: \_\_\_\_\_

### Nursery Guidelines:

\_\_\_\_\_ (initial) I understand that the nursery is here so that I can participate in on campus Living Word activities and I will be onsite the entire time my child/children are in the nursery.

\_\_\_\_\_ (initial) I understand that my child/children cannot come to the nursery while sick and that my child/children must be fever free for at least 24 hours before coming to the nursery.

\_\_\_\_\_ (initial) I understand my child/children will be fully clothed and fed breakfast before coming to the nursery.

\_\_\_\_\_ (initial) I understand that it is my responsibility to provide a diaper bag with diapers, wipes, diaper cream (if needed) and a snack for my child/children (if needed).

\_\_\_\_\_ (initial) I understand that the time limit for my child/children being in the nursery is two hours.

\_\_\_\_\_ (initial) I understand that if my child is crying for more than 15 minutes, is running fever, or appears to be sick that I will be texted by the nursery staff and I will come and remove my child.

**Release Form:** I hereby indemnify and hold Living Word Lutheran Church from and against any liabilities that may be incurred during 2017-2018 Discipleship events (including travel to and from events). I also authorize, in the event that I cannot be personally contacted, Living Word Lutheran Church and/or its agent to authorize any medical treatment for the health of my child/children in connection with any accident or similar emergency. I understand that I am responsible for any charges that may be incurred for such medical treatment. Release valid through August 31, 2018.

Parent Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_