

NURSERY REGISTRATION FORM

Mission Baptist Church 100 North Oval, Hamilton, ON

Name of Child: _____

Date of Birth (month/day/year): _____

Name of Parent(s): _____

Address: _____

City: _____ Postal Code: _____

Phone number: _____

E-mail: _____



Children in the nursery will only be released to the parent(s). If there is anyone else you want to grant permission to pick up your child, list their names below: _____

Please record any medical conditions, allergies, or dietary restrictions: _____

What does your child enjoy/what do they find soothing when upset: _____

Would you prefer us to change your child's diaper if needed or to contact you by text message to come to the nursery? Change my child or Contact me (circle one)

Can your child have a snack during nursery time? Yes or No (circle one)

**If you would prefer to provide your own snack, please pass that along at drop off.

Is there anything else you would like us to know regarding your child and their care? _____

In the event of a serious accident or illness, our procedure will be to contact the parent/guardian and then the emergency contact person listed above. If we are unable to do so, your signature below will allow us to proceed at our discretion to seek medical aid, subject to any restrictions noted above. Mission Baptist Church and their representatives are hereby released from any liability.

I certify that I am the parent or legal guardian of the above-named child and I grant permission for the above named child to participate in the program (s) indicated above, and I further certify that all of the information on this form is completely and entirely correct.

Signature of Parent: _____ Date: _____

In accordance with the Municipal Freedom of Information Act, 1989, I hereby allow pictures to be taken of my child and to be used by Mission Baptist Church for: In House Sharing Yes ☐ No ☐

Website/Social Media Yes ☐ No ☐