Nursery Registration Form

Children ages 0-5 years

Information received is confidential and is being gathered for the purposes of serving your child while in the care of West Guilford Baptist Church (WGBC). Any medical information collected here serves to authorize WGBC and its staff and volunteers to obtain medical assistance in emergencies.

Child's Information

Child's Name: _____

Date of Birth: _____ Age: _____

(use weeks or months if applicable)

Allergies: _____

Does your child use any special words?: _____

(eg: 'paci' for pacifier)

Special Needs: (dietary, behavioural, developmental): _____

_____

Other Pertinent information: _____

_____

_____

Parent/Guardian Information

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

Address: _____

_____

Email address: _____

Phone Number(s): _____

(please indicate home, work, cell, other)

Release Form:

Please check each point to confirm your consent:

○ The parent(s) or guardian (s) submitting this information are those having legal custody over the child(ren). Conditions of custody and access, if applicable, should be fully communicated in writing to administrative staff.

○ In the case of medical emergency, I understand that every effort will be made to contact parent(s) or guardian (s). In the event I cannot be reached, I hereby authorize and consent to WGBC, its employees, members, agents and contractors to obtain medical assistance including first aid, proper treatments, transport, and hospitalization, if required.

○ I agree to release WGBC, its employees, agents and contractors for any cost or liability arising out of the performance of any medical procedure in relation to such medical assistance.

○ Each child must be covered by provincial or equivalent health insurance. I hereby assume full responsibility for any extra expenses required for the treatment of the above-names child(ren) that is not covered by Ontario Hospital Insurance or equivalent Health Insurance.

○ Photographs or video clips are sometimes used by our program for promotional purposes. I consent to allow WGBC to use photographs or video clips, where appropriate, in advertising its programs, (brochures/promotional material, website, church, newsletters, video recording). I understand WGBC will take all reasonable efforts to maintain the privacy and anonymity of all children.

**WGBC is collecting and retaining this personal information for the purpose of enrolling your child(ren) in our programs, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish WGBC to limit the information collected, or to view your child's information, please contact us.*

I have read, understand and agree with the above:

Signature of Parent(s)/Guardian(s): _____

Printed Name: _____ Date: _____