

CHRIST THE KING NURSERY REGISTRATION 2018/2019
(Please Print)

Parent Names: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Mom's Cell Number: _____ Dad's Cell Number: _____

Email Address: _____

Is your family a registered member of Christ the King? Yes No

Please register all children age 11 and under and complete all lines for each child.

Name: _____ Date of Birth: _____ Age: _____

Allergies/Medical Alerts: _____

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With your signature you as parent or legal guardian are granting permission for and agree to the following:

- Nursery staff to have your child(ren) transported to a medical/dental facility or an emergency disaster location if necessary. Staff defines the term "necessary" taking into account current conditions and events.
- All medical/dental treatment administered to your child(ren), including blood and blood products. To pay in full all fees incurred from any and all medical/dental care your child(ren) receives.
- All children remain current on immunizations as mandated by the Arkansas Dept. of Health.
- Nursery staff to photograph children for church and nursery publications.
- **Nursery staff to photograph children for church public website and/or facebook page(s).**
- Not to hold responsible the Diocese of Little Rock, Christ the King Parish, the Pastor, Nursery Director, or any church/school employee(s) responsible in the event of an accident, injury or any/all emergency decisions made by Christ the King Nursery, Church or School.
- Nursery is available only to parishioners participating in parish life or religious education activities on church grounds.

A facility fee of \$50 per family, per year (July-June), is due upon registering for all events for which the nursery is available. The fee is not prorated and is non-refundable. There is no fee for sacramental events.

Parent Signature: _____ Date: _____

Supervisor Signature: _____ Cash/Check: _____ Date: _____