

Hope Kids/Nursery Registration Form

1. Child's Name: _____ DOB: _____

2. Child's home address: _____

3. Allergies with reactions/medical conditions:

a. Action Plan for exposure to allergy or complication of medical condition should an incident occur at Hope Kids/Nursery

4. Other helpful info re: your child:

(Fears, behavior concerns, potty training, comforting objects or activities, etc)

5. Names/Ages of siblings in Hope Kids:

6. Parents/Guardian name, phone number where you can be reached during emergency and email address:

Name: _____ Phone# _____

Email: _____

Name: _____ Phone# _____

Email: _____

7. Other emergency contacts and/or adults who are allowed pick up child:

(please list all adults who have permission to pick up child from Hope Kids/Nursery. Please no more than 4. Siblings under the age of 16 are not permitted to pick up children from Hope Kids or Nursery)

Name: _____ Phone# _____

Name: _____ Phone# _____

8. Media Permission:

I agree to allow photographs and/or videos of my child to appear in promotional or media materials for the Hope Kids/Nursery programs. (Note: child's name will not be listed.)

_____ Yes _____ No _____ Yes, with exemption (please list exemptions):

Parent signature _____