



The Church of the Holy Comforter

130 West Seminary Avenue

Lutherville MD 21093

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www.holycomfortermd.org

Nursery Registration Form 2015-2016

Child's Name _____ Nickname _____

Parent(s) or Guardian(s) Names (s) _____

Child's Date of Birth Month____/Day____/Year____ Age _____

Address _____

Phone # _____ Household email Address: _____

Preferred method of communication: _____

Allergies or other conditions we should be aware of (food reactions, physical challenges, ADD/ADHD, etc.)

Emergency contact (name & phone #) _____

Potty trained Yes ___ No ___

I am available to help Sunday School _____

As a Nursery helper _____

Because we love taking pictures at Holy Comforter, we need your permission to photograph your child. I grant to the Church of the Holy Comforter and the Episcopal Diocese of MD, its representatives and employees, the right to take photographs of my child and my property. I authorize CHC and the Diocese, its assignees and transferees the right to copyright, use and publish the same in print and/or electronically. I agree that such photographs of my child may be used with or without their first name and for any lawful purpose, including such purposes as publicity, illustration, advertising, Web content, etc. I have read and understand the above. I agree Yes _____ I do not agree _____

I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a Church of the Holy Comforter staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with Church of the Holy Comforter programs when I or my emergency contact is unavailable to give such consent. This authorization shall be effective from September 2014 until June 2015.

Signature of Parent or Guardian _____

Date ____/____/____