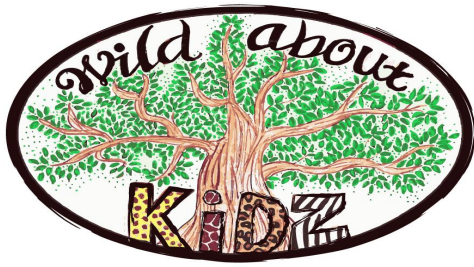


## Welcome to **WILD ABOUT KIDZ!!**

We at the Church are glad to provide friendly, loving workers to care for your baby/child. Our nursery is open from 9:45 AM till the end of the service. When you bring your baby/child to the nursery, you can help our workers by:

- Bring your baby/child clean and dry
- Provide a labeled diaper bag
- Sharing any special needs or concerns
- Sign in and out when leaving the nursery
- The children are only allowed to leave with their parents or those (no siblings) you have authorized to pick up on each child's registration form.
  - You must also have coinciding ticket
- Your baby/child will only be allowed to leave with the people you designate
  - Once registered they must stay in the area designated. If you need to pick up early this is fine but after signing out they will need to remain with you. (It disrupts the other children if too many are going in and out of classroom)

If your baby/child cries when you drop him/her off, please don't panic! Our workers will work with you. We want both of you to enjoy your time of fellowship!



## WILD ABOUT KIDZ! - REGISTRATION FORM

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M/F

Phone: Daytime: \_\_\_\_\_ Night: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Parents or Legal Guardian:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Two name spots are provided, for separated or divorced parents. Please **ONLY** put the other parent if they are allowed to pick up child or have rights to information in file; leave blank otherwise.

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized to pick up:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. \_\_\_\_\_

*Please remember, your child can only leave with those listed here. Should any concerns arise an ID will need to be provided before the child is allowed to leave.*



## **Sorry you're sick!!**

**In order to provide a safe, healthy nursery for all our nursery children, we ask that you keep your baby or toddler at home any time he/she exhibits the following:**

- **Any symptoms of childhood diseases such as chicken pox, measles, mumps, scarlet fever, or whooping cough**
- **Eye infections (including pink eye)**
- **Fever within the previous 24 hours**
- **Head Lice (children should be nit free)**
- **Runny nose with any colored discharge**
- **Skin infections or unexplained rash**
- **Sore throat**
- **Vomiting and/or diarrhea within the past 24 hours**

**Thank you so much for your help and cooperation!  
We hope your child feels better soon!!**



## Oops, I had an Accident!!

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. \_\_\_\_\_

Teacher's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. \_\_\_\_\_

Assistant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. \_\_\_\_\_

(This is the teacher facilitating the class and the helper)

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ AM/PM

Location of Accident: \_\_\_\_\_  
\_\_\_\_\_

What happened: (be specific/details, time/date when you discussed & who is present)

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
Witness Signature

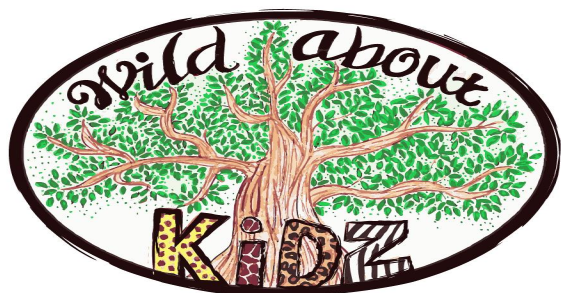
Date

\_\_\_\_\_  
Witness Signature

Date

\_\_\_\_\_  
Parents Signature

Date



**WILD ABOUT KIDZ and THE CHURCH KIDZ Agreement**

Please **circle one** you are agreeing to: (one agreement per child and per volunteer)

**Parent Agreement** or **Volunteer Agreement**

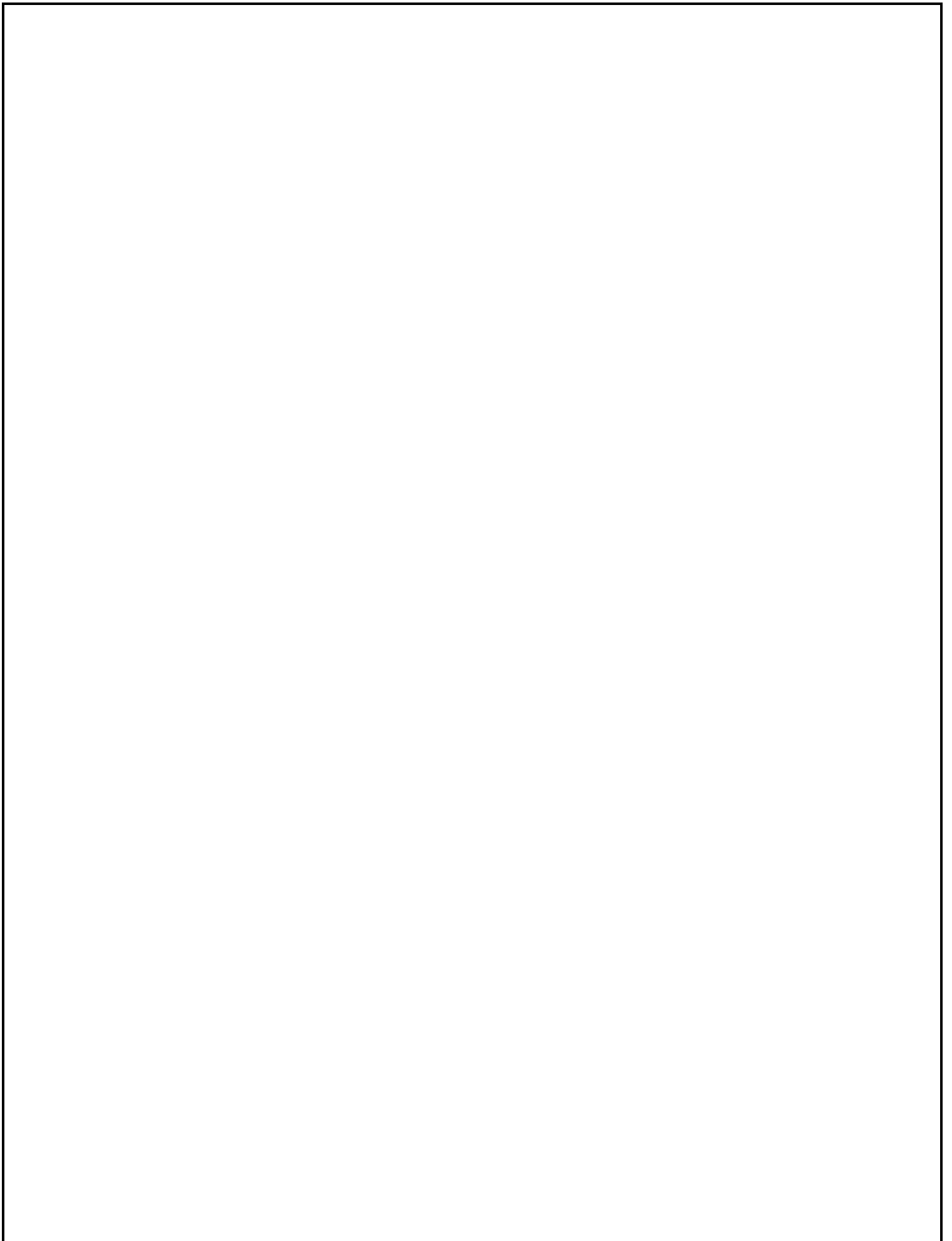
I agree to follow and abide by all of the policies and procedures set by the Church at Mountain Home, Inc. for the “WILD about KIDZ” and “the Church KIDZ” areas. This is to maintain the spiritual and physical wellbeing of each child in its care.

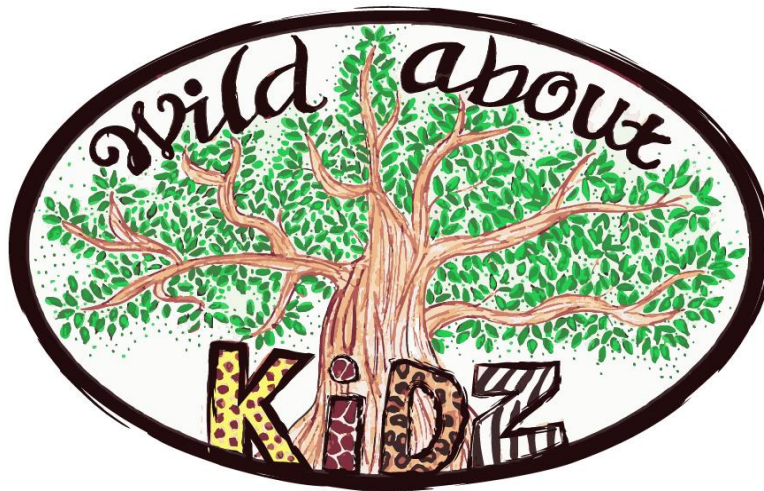
Signed: \_\_\_\_\_

Printed: \_\_\_\_\_

Witnessed: \_\_\_\_\_

Date: \_\_\_\_\_





**WILD ABOUT KIDZ**  
**PARENTS REGISTRATION FORM**