

Issued Temp. Sticker

# St. Ann Catholic Parish Nursery Program Information Card

Date

(fill out the information below legibly and turn in immediately.)

Name: Last \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Check if Parishioner(s): Father \_\_\_\_\_ Mother \_\_\_\_\_ Family ID #: \_\_\_\_\_ Ministry/Event Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Email \_\_\_\_\_

Home # \_\_\_\_\_ Cell (mom) \_\_\_\_\_ Cell (dad) \_\_\_\_\_

1<sup>st</sup> Time Nursery User \_\_\_\_\_ Updating Information \_\_\_\_\_ On-going Event \_\_\_\_\_ One-Time Special Event \_\_\_\_\_

Check Mass Attending: Sat. 5:00 PM \_\_\_\_\_ Sun. 8:00 AM \_\_\_\_\_ Sun. 10:00 AM \_\_\_\_\_ Sun. 12:00 PM \_\_\_\_\_

*SUN. 4:30 P.M.*



## 1<sup>st</sup> Child Name \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Birthdate \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

District \_\_\_\_\_

Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ Medical Conditions: Yes \_\_\_\_\_ No \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## 2<sup>nd</sup> Child Name \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Birthdate \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

District \_\_\_\_\_

Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ Medical Conditions: Yes \_\_\_\_\_ No \_\_\_\_\_

Special Instructions: \_\_\_\_\_



I, \_\_\_\_\_, parent/legal guardian, of the child(ren) named within, wish to leave my child(ren) in the St. Ann Catholic Parish Nursery Program for childcare services, while I attend a St. Ann Catholic Parish Function.

I understand that accidents, even serious ones, can happen during such childcare services. I acknowledge that participation in the Nursery Program at St. Ann Catholic Parish will expose my child(ren) to activities, equipment, situations, and persons that may result in injury to my child(ren). Initials \_\_\_\_\_

I also understand the possible risks to my child(ren) while participating in the Nursery Program at St. Ann Catholic Parish when coming into contact with any allergens. I acknowledge that the Nursery Program cannot guarantee non-exposure to any particular allergens. Initials \_\_\_\_\_

I, on behalf of myself, my spouse, and any other person(s) responsible for the support of the child(ren) named within, expressly release and discharge all "Collectively Released Parties" from any and all Liability and Responsibility for the child(ren), parents, guardians, or any third party, if: 1. exposed to any food or other allergen(s) that may trigger an allergy reaction, 2. any damage or injury to property of the child(ren) named within or any other persons in connection with such childcare services, 3. any injury and/or death, and/or any direct, indirect, punitive, incidental, or any damages occur, that arise out of or relate to participation in the Nursery Program at St. Ann Catholic Parish. Initials \_\_\_\_\_

\*Collectively Released Parties - the Catholic Diocese of Dallas, St. Ann Catholic Parish, Nursery Program at St. Ann Catholic Parish, and all other employees, agents, and or representatives of St. Ann Catholic Parish or the Catholic Diocese of Dallas.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3<sup>rd</sup> Child** Name \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Birthdate \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

District \_\_\_\_\_

Allergies: Yes No Medical Conditions: Yes No

Special Instructions: \_\_\_\_\_

**4<sup>th</sup> Child** Name \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Birthdate \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

District \_\_\_\_\_

Allergies: Yes No Medical Conditions: Yes No

Special Instructions: \_\_\_\_\_