



Registration Form 2023 - 2024

Program Schedule: Tuesdays and Thursdays, 8:30 AM to 1:30 PM

Child's Information: (Please print all information except for signature lines. Circle or check appropriate boxes.)

Child's Name: _____ Name child goes by: _____
First Middle Last
Child's Age: _____ Date of Birth: _____ Gender: **Boy** | **Girl**

Family Information:

Marital Status: Single, Married, Divorced, Separated

Mother's Name: _____ Email _____

Occupation: _____

Phone: Cell (_____) _____ Work (_____) _____ Home (_____) _____

Home Address: _____

Street City State Zip

Father's Name _____ Email _____

Occupation: _____

Phone: Cell (_____) _____ Work (_____) _____ Home (_____) _____

Home Address: _____

(if different) Street City State Zip

Siblings: _____
Name Relationship Age Name Relationship Age

Emergency Contact and Pick-Up Information:

Provide names of individuals to call if a parent cannot be reached in the event of an emergency, as well as who can pick up the child:

Emergency Contact Can Pick Up

Name Relationship Phone (_____) _____ **Yes | No** **Yes | No**

Name Relationship Phone (_____) _____ **Yes | No** **Yes | No**

Name Relationship Phone (_____) _____ **Yes | No** **Yes | No**

Name Relationship Phone (_____) _____ **Yes | No** **Yes | No**

In the event of an emergency requiring hospitalization, please specify which hospital to which your child should be taken:

Hospital



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More Helpful Information about Your Child:

Please check the following boxes if applicable to your child:

- Potty trained Potty training In pull-ups* In diapers* *Parents must provide item.
 Uses bottle* Uses sippy cup* Uses cup Uses lid* Uses pacifier* *Parents must provide item.
 Food allergies (e.g., peanuts) Food restrictions (e.g., no sugar) (if applicable, provide a detailed list on the next line):

Does your child have a special item (e.g., a "lovie" like a comfort blanket) he/she will bring? **Yes | No** If Yes, then provide description:

Does your child have any special needs we need to know about? **Yes | No** If Yes, then provide details:

Does your child have any allergies we need to know about? **Yes | No** If yes, then provide details:

Does your child take any medications we need to know about? **Yes | No** If yes, then provide details:



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AGREEMENT

I have received a copy of The Nest Mother’s Day Out (MDO) parent handbook and I agree to abide by the regulations and requirements therein. I understand that there are inherent risks that come with sending my child to a MDO program, and I agree not to hold Shelter Church nor any MDO staff member, or volunteer responsible in case of accident, injury, or sickness. I agree to send my child to The Nest regularly except when the child may be sick or when unusual or difficult circumstances make it necessary for the child to miss a day. I understand there will be no refunds or credits for days (partial or full) my child does not attend.

I agree to pay all MDO fees/tuition when they are due. I understand I will be assessed appropriate late fees per the Parent Handbook for each past due event. I further understand that if I am more than 2 weeks past due on my child’s account, then my child will have to leave the program. I am also responsible to let The Nest Director know of any financial difficulties I might have in paying fees. If I have to withdraw my child for any reason, I understand that I must give a 2-week notice. If one is not given, I must pay 1/2 of the next month’s tuition.

UNDERSTAND THE FEES ARE NON-REFUNDABLE AND THERE WILL BE NO TUITION CREDIT FOR TIME MY CHILD MISSES A CLASS!

Emergency and Medical Care Consent:

IN THE EVENT OF A LIFE-THREATENING EMERGENCY, I AUTHORIZE THE NEST STAFF TO TAKE WHATEVER MEASURES NECESSARY TO ENSURE THE PROTECTION, WELL BEING, AND SAFETY OF MY CHILD WHILE HE/SHE IS IN THEIR CARE. I UNDERSTAND THAT THIS AUTHORIZATION INCLUDES CALLING 911, IMPLEMENTING ANY INSTRUCTIONS PROVIDED BY 911, FOLLOWED BY MY CHILD BEING TRANSPORTED TO A HOSPITAL VIA AMBULANCE WITHOUT FIRST OBTAINING MY CONSENT. I UNDERSTAND I WILL BE CONTACTED AFTER 911 IS FIRST CONTACTED.

In case of emergency, I give The Nest staff permission to administer the following medications or treatments (parent will be called afterwards):

Yes | No Antihistamine (e.g., Benadryl) Yes | No First aid spray Yes | No Antibiotic ointment
Yes | No EpiPen (must be supplied by parent) Yes | No Acetaminophen (e.g., Tylenol) Yes | No Sting Kill

Parent’s Signature _____ Date _____

Director’s Signature _____ Date _____

Media Consent:

Do you give permission to permit photographs of your child to be taken and used in The Nest facility, newsletter, brochure, Internet and social media (church’s website and Facebook account). No last names will be used (most times, no name at all). Yes | Yes, but no names | No

Registration Confirmation:

Please sign and date the next line to complete your child’s registration form.

Parent’s Signature _____ Date _____

Please make checks payable to Shelter Church and write The Nest and child’s name in the memo field. Payments may also be made via our secure website, ShelterChatt.com (an electronic processing fee will also be added).

You may also scan and email the completed form to: TheNestChatt@yahoo.com

For Office Use Only Class: [] Babies 6 to 12 months [] Toddlers 12 to 24 months [] 2’s and 3’s 2- and 3-year-olds [] 4’s and 5’s 4- and 5-year-olds

Registration Paid: Date _____ Amount \$ _____ Cash | Check # _____ Date Registered: _____