The Nest

Registration Form 2024 - 2025

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
_____	_____	(_____)_____	**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**
Name	Relationship	Phone		

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

_____
Hospital

The Nest

Registration Form 2024 - 2025

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 ½ of the next month's tuition.

I 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 must also be paid).

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

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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: _____