

**First United Methodist Church**  
**318 W. Main St., W. Dundee, IL 60118-2021**  
**2009 – 2010 Nursery Registration Form**

Child's Name: \_\_\_\_\_

Age of Child Sept. 1: \_\_\_\_\_ Child's Birth date \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell/Emergency #: (\_\_\_\_) \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

E-mail Address (if used regularly): \_\_\_\_\_

**IMPORTANT: It is important that the nursery workers know if your child has any allergies, medical or behavioral issues or concerns. Please write the word "none" if they are no such issues or concerns.**

If you would be willing to help out periodically with our nursery program please check the areas you would be interested in. **Thank you!**

\_\_\_ \*Read Bible Stories                      \_\_\_ Donate Treats  
\*Volunteer needs to be trained in Safe Sanctuary procedures.

\_\_\_\_\_ has my permission to participate in all nursery activities sponsored by the First United Methodist Church of Dundee. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the church and its staff and volunteers of any liability against personal losses of named child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If a parent is not present, then this part should be completed:* Date \_\_\_\_\_

Signature of Childcare provider \_\_\_\_\_ Relationship: \_\_\_\_\_