

**Registration Form for St. Brendan Nursery**

**During the Sunday Masses**

Father:

Last Name:

First Name:

Home Phone:

Cell Phone:

Email:

Mother:

Last Name:

First Name:

Home Phone:

Cell Phone:

Email:

Information about Child:

Last Name:

First Name:

Birth Date:

Baptism Date:

Special Needs:

Is there anything we need to know that will help us care for your child?

PARENT PERMISSION AND MEDICAL RELEASE FORM

 I, the parent, give my permission for my child to take part in the St. Brendan Nursery.

 I give permission for the Nursery staff to administer basic first aid to my child in the event of a minor

 injury.

 I understand that in the event of a significant injury the Nursery staff will call 911 and will contact me

 immediately.

Signature Date