



**NURSERY**  
**Spot L.I.G.H.T.**  
**Children's Ministry**  
**Trinity Lutheran Church**

Child's Name: Last \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Mother: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

Father: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

Child's Known Allergies: \_\_\_\_\_

List any Physical/Medical Conditions that may influence your child's participation in the Nursery Program or appropriate medical care (such as routine medications, chronic conditions, etc.)

\_\_\_\_\_  
\_\_\_\_\_

List any additional information we should know about your child:

\_\_\_\_\_  
\_\_\_\_\_

While my child is in the nursery, I will typically be: \_\_\_ at Bible Study \_\_\_ at Worship

**PERMISSION**

I give my permission for my child \_\_\_\_\_ to participate in all aspects of the Nursery program at Trinity Lutheran Church for 2011-2012. I am aware that I am responsible for being available, or for having one of the designated emergency contact people listed available, at all times during the nursery's operation.

Check one response "do" or "do not":

I **do** \_\_\_ **do not** \_\_\_ consent to having photographs/videos of my child used for educational and/or publicity purposes only including a church web site, as deemed appropriate by Trinity Lutheran Church.

**Our nursery staff will not change the diaper of a child. Please keep a cell phone active in some way so you can be reached in the case of an emergency or diaper change.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**EMERGENCY CONTACTS:**

In the case of an emergency with my child, \_\_\_\_\_, I know that Trinity Lutheran Church will make every effort to contact me. However, if I cannot be reached, I hereby authorize Trinity Lutheran Church to contact the following people:

\_\_\_\_\_  
Name Relationship to Child Phone Number

\_\_\_\_\_  
Name Relationship to Child Phone Number

**AUTHORIZED PICK-UP:**

If possible, we ask that only parents pick up their children from nursery care. We realize that this may not always be possible. If someone other than a parent will be picking up your child, please let the nursery staff know when you drop your child off. Please list below anyone other than yourself who may pick up your child. If there is anyone who you **do not** want your child released to, please indicate that below as well.

**Please DO NOT release my child to:**

\_\_\_\_\_  
Name Relationship to child

I hereby authorize the following people to pick up my child from the nursery:

\_\_\_\_\_  
Name Relationship to child Phone Number

\_\_\_\_\_  
Name Relationship to child Phone Number

\_\_\_\_\_  
Name Relationship to child Phone Number

**Our Vision...** To provide an inviting, exciting, and loving place for kids to know and grow in Christ.

**Our Mission...** To share the Love of Jesus with the children of our community, Instruct them in God's Word, encourage them to Give of their spiritual gifts, Honor God through worship, and Tell others of God's love.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_