

**Saint Mary Church
Huntley, IL 60142**

**St. Mary's Nursery Program
2007-2008 Registration**

AGE _____ PREFERRED 9:00 10:30

PLEASE PRINT

Circle
F M

LAST NAME _____ FIRST _____

ADDRESS _____

CITY _____ ZIP _____ PHONE (____) _____
AC

E-Mail _____

DATE OF BIRTH _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

ALLERGIES: _____

FAVORITE TOY: _____

FAVORITE BOOK: _____

FAVORITE MOVIE/TV SHOW: _____

EMERGENCY CONTACT OTHER THAN PARENT

_____ (____) _____ FRIEND
Name of contact AC Phone RELATIVE

EMERGENCY INFORMATION

I hereby give permission for my Child _____ to participate in the St. Mary's Mom's Night Out program. I hereby release and indemnify St. Mary's Parish, their staff and volunteers, and the Catholic Bishop of Rockford, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I also grant permission for the administration of first aid to my child by those people in charge of this event and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accident of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents / guardian of the participant. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for and order injections, anesthesia or surgery, if deemed necessary for my child.

Father's Signature _____ **Mother's Signature** _____

Please indicate on the back of this form if your child has any special Educational or medical needs you feel we should know about.

OFFICE USE ONLY:

CONTACTED FOR VOLUNTEER SCHEDULE: _____

SCHEDULED: _____

DONATIONS:
