

KIDS OF THE HOUSE    House of Hope Presbyterian Church



Today's date: \_\_\_\_\_

**Newborn to Age 3  
(by 8/31/09)**

- Children will usually attend during:
- \_\_\_\_\_ 8:30 worship
  - \_\_\_\_\_ 9:00 Fellowship or other program
  - \_\_\_\_\_ 10:00 Worship
  - \_\_\_\_\_ 11:00 Adult Education and Sunday School

<b>Child 1: (full name)</b>		
Gender:	Birth date:	Age: (as of Sept. 1, 2009)
Allergies (please describe):		
Child's Interests and Care Instructions (check all that apply):		
<input type="checkbox"/> Nursing <input type="checkbox"/> Potty-trained <input type="checkbox"/> Can only have water <input type="checkbox"/> Bottle-fed <input type="checkbox"/> Can have juice <input type="checkbox"/> Will nap at _____ (approx. time) <input type="checkbox"/> Pacifier <input type="checkbox"/> Can have crackers/cereal		
Special loveie/blanket/toy (describe): _____		
Favorite Activities: _____		
Calming/soothing Activities: _____		
Special Notes: _____		
<b>Child 2: (full name)</b>		
Gender:	Birth date:	Age: (as of Sept. 1, 2009)
Allergies (please describe):		
Child's Interests and Care Instructions (check all that apply):		
<input type="checkbox"/> Nursing <input type="checkbox"/> Potty-trained <input type="checkbox"/> Can only have water <input type="checkbox"/> Bottle-fed <input type="checkbox"/> Can have juice <input type="checkbox"/> Will nap at _____ (approx. time) <input type="checkbox"/> Pacifier <input type="checkbox"/> Can have crackers/cereal		
Special loveie/blanket/toy (describe): _____		
Favorite Activities: _____		
Calming/soothing Activities: _____		
Special Notes: _____		

*\*Note: For the health and well-being of all the children in our care, parents will be paged to change soiled diapers. If a child cannot be consoled by a staff member and is upsetting other children in our care, a parent will be paged to respond to the child's needs.*

**Parent or Guardian Contact Information -**  
 (Home phone and E-mail required)

<b>Parent full name</b>			
Address			
City, State, ZIP			
Home Phone		Cell:	
Work Phone		Email:	
Parent full name (if different)			
Home Phone		Cell:	
Work Phone		Email:	

**- Authorized Pick-up -**

Who can pick-up this child?

Mother	Yes	No
Father	Yes	No

*\*Note: We CANNOT forbid any parent access to their child without a Court Order*

The following individuals are authorized to pick-up my child:

*\*Note: Siblings under 16 years of age CANNOT sign-in or sign-out children.*

Name		Home Phone:
Relationship to Child		Cell Phone:

Name		Home Phone:
Relationship to Child		Cell Phone:

*\*Note: We reserve the right to refuse anyone access to your child whose name is not listed.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

**PHOTOGRAPH PERMISSION:**

Throughout the program year your child(ren) may be in group photos which may be in flyers, newsletters, or on the website. Names WILL NOT be identified. Do you give permission for them to be in these photos?

\_\_\_\_\_ yes

\_\_\_\_\_ no

Parent signature \_\_\_\_\_

### VOLUNTEER REQUEST:

The Children and Families Ministries Committee invites your input and support. Your help is needed to offer quality programs and childcare to our children. We ask that parents of nursery and toddler aged children volunteer four times per year to help staff the childcare rooms. Each room has a regular staff member to maintain continuity of care and to assist volunteers. Volunteers will assist in meeting and greeting parents and children during check-in as well as provide care during their assigned hour. Please check which rooms you feel most comfortable assisting with:

\_\_\_\_\_ Nursery Room (Ages newborn to 18 months)

\_\_\_\_\_ Toddler Room (Ages 18 months to 3 years)

\_\_\_\_\_ I would be interested in volunteering with Sunday School (Ages 3 through Grade 6)

Other commitments I/We have that might conflict with volunteering on a Sunday morning: