

# NPC MINISTRY CHILD CARE

NPC MEMBER: Y/N \_\_\_\_\_ NPCC MEMBER: Y/N \_\_\_\_\_ NPNS MEMBER: Y/N \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

CHILD NICKNAME \_\_\_\_\_ CHILD'S AGE \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ MOTHER'S E-MAIL \_\_\_\_\_

MOTHER'S HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ FATHER'S E-MAIL \_\_\_\_\_

FATHER'S HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

If you, the parents, cannot be reached at the time of an emergency, and if an immediate observation or treatment is urgent in the judgment of the NPC, do you authorize and direct that your child be accompanied to the hospital or doctor most accessible?  
YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ Parent Signature \_\_\_\_\_

DOES YOUR CHILD TAKE ANY MEDICATION REGULARLY? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please specify: \_\_\_\_\_

IS YOUR CHILD ALLERGIC TO ANYTHING? YES \_\_\_\_\_ NO \_\_\_\_\_  
Please list each allergy: \_\_\_\_\_

ARE THERE ANY MEDICAL CONDITIONS, LEARNING STYLES, FAMILY SITUATIONS,  
OR SPECIAL NEEDS YOU FEEL WE SHOULD BE AWARE OF \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I UNDERSTAND THAT MINISTRY CHILD CARE IS PROVIDED TO CHILDREN AGES 3 MONTHS TO 4 YEARS (TURNING FIVE DURING THE YEAR). AS A PARENT OF A CHILD IN THE CARE OF NPC, I AM REQUIRED TO REMAIN ON THE NPC PREMISES AT ALL TIMES. I WILL CALL NPCC AT 203-309-5605 OR SEND AN E-MAIL TO [beth.aparicio@norotonchurch.org](mailto:beth.aparicio@norotonchurch.org) IF MY CHILD WILL NOT ATTEND MINISTRY CHILD CARE DURING ANY SESSION THROUGHOUT YEAR.**

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Registration Date: _____	Health Form: _____
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