

Mount Tamalpais United Methodist Church

Nursery Registration 2019-2020

Please complete one form per child. Todays Date: _____

Child's Name (First and Last): _____ Nickname: _____

Age: _____ Date of Birth: _____

Are you and your child members of Mt. Tam United Methodist Church (membership not required)? Y N

If not, are you interested in membership? _____

Does your child have any allergies or issues we should be aware of?

Parent's Name (1): _____

Phone Number: _____ Email: _____

Mailing Address: _____

Parent's Name (2): _____

Phone Number: _____ Email: _____

Mailing Address: _____

***If there are other adults or older siblings who drop off or pick up your children from the nursery, please list their names, and phone number and email addresses (if applicable) on the back of this form.**

Emergency Contact Person (other than parents): _____

Phone Number: _____

Comments (If any): _____

Parent's (or other Adult's) Signature and Date: _____

Photo Release Please check all that apply:

- I give my permission for group photos including my child to be used on the church's website, on bulletins or monthly newsletters and any other medium used to promote church activities (flyers, etc)
- I give my permission for individual photos of my child to be used on the church's website, on bulletins or monthly newsletters and any other medium used to promote church activities (flyers, etc)
- I do NOT give my permission for photos of my child to be used in any manner.
- I give my permission to use photos if you check with me first.

*If you have any questions about this form or about our nursery program, please contact Tricia Wiig at mtume@pacbell.net or 415-388-4456.