

**CITY OF ZION CHURCH**  
**Elder, Gregory O. Strong, Pastor**



**Childcare  
 Registration Form  
 Health & Beauty Spa  
 September 11, 2010  
 8:00 am - 4:00 pm**

Parent's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s) Home: \_\_\_\_\_

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

*Please provide the name of a person to contact in case of emergency if YOU (not the child) become ill during the event and are unable to take care of or pick up your child.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Child/ Children's Information**

Child/Children Name(s)	Age	List Any Food Allergies	Potty Trained

*Are there any concerns in the following area that Children's Ministry should be aware of? If so, please explain. If not, please indicate by writing "NONE" in each of the 3 spaces.*

Medical Conditions	Special Needs	Known Allergies Not Listed Above

**Disclaimer**

The City of Zion Church has consented to care for my child/children while I attend the 2010 Women's Fellowship "Health and Beauty Spa." I agree to pick up my child/children immediately following the conference. The Children's Ministry team members are all "volunteers" and have agreed to do so with my consent. I understand that my child/children will receive the best care. Only the basic needs of my child/children will be administered. I also understand no medication will be given at any time for any reason to my child/children by the volunteers. We will be on hand to respond to medical situations and administer necessary medication. By my signature, I hereby release the City of Zion Church, Laurel Maryland (including all of its volunteers) from all liability for any and all matters where reasonable care has been taken for my child/children, and furthermore state that there has been no negligence on the part of the ministry.

Signature (Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

# CITY OF ZION CHURCH

## Elder, Gregory O. Strong, Pastor



### **Health & Beauty Spa September 11, 2010 8:00 am - 4:00 pm**

The City of Zion Church would like to thank you for entrusting us with the care of your child/children. The children will have a wonderful experience of their own.

You are welcome to stop by and check on your child at any time. However, it is our prayer that you will be free of parental responsibilities for a few hours and be blessed by a day of encouragement, inspiration and fun.

#### **Sign-In Procedures:**

- You and your child/children will arrive at the sign-in table.
- You will sign your child/children in.
- Please take all toys, purses, etc. with you. Your child will not need any play toys of their own. Any item that must be left with the child/children should be clearly marked with the child/children's name on it (i.e. diaper bag, special lunch, etc.).

#### **Sign-Out Procedures:**

- Only the parent who signs the child/children in can sign the child/children out. We will not release the child to anyone else unless you have experienced an emergency.
- Please come to the sign-in area and provide the volunteer with your name.
- A volunteer will bring your child to you. Please make sure they leave with all of the items they came in with.

#### **Emergency Procedures:**

- In the event of an emergency and the church must be evacuated, please do not try to come and pick up your child. All children will be moved in an orderly manner to the parking lot of the church, unless other instructions must be followed.
- Once you are safe, please find a Children's Ministry volunteer who will bring your child to you.
- In the event that something happens to you, Children's Ministry will contact your designated emergency contact and ensure a proper transfer of your child/children.