



# Winter/Spring 08-09 Hearts of the Home Mom Childcare Registration Form

Please print clearly and complete both sides of this form in its entirety and return to Trinity.

Hearts of the Home Childcare is a place where your child will experience creative play, music, art and circle times devoted to learning about ourselves and the world around us.

Hearts of the Home Child Care exists to lead people into a growing relationship with Jesus Christ by providing programs that enable children and their families to grow spiritually, emotionally, physically and socially.

## Child's Information

Full Name:			<input type="checkbox"/> Male	Date of Birth:	
First	Middle	Last	<input type="checkbox"/> Female		
Address:		City:	State:	Zip Code:	

## Parent(s) Information

Mother's Name:	Father's Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:

## Child's Development:

Has your child had previous group experiences? (check one) <input type="checkbox"/> No <input type="checkbox"/> Yes. Where?
Social behavior. (check one) <input type="checkbox"/> Shy <input type="checkbox"/> Friendly <input type="checkbox"/> Cautious <input type="checkbox"/> Outgoing
Methods of behavior guidance (discipline): By mother:
By father:
Describe specific worries or fears of your child.
Favorite play activity or interests.
Do you anticipate any separation problems?
Does your child have a favorite comfort toy or other item that may be used in transition?
Is your child toilet trained? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child need help with toileting? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No

See page 2 of form.

**Additional Information:**

How did you hear of Hearts of the Home Moms?

If you are not a member of Trinity, would you like to be on the church mailing list to learn about other activities offered, for children and families at Trinity? (check one)  Yes  No

**Promotional Release**

I give permission for my child's photo to be used for publicity purposes without compensation:

Yes  No

**Parental Release**

I am the parent/legal guardian of the participant named on this form, and hereby grant my permission for him/her to participate fully in Hearts of the Home. In the event of an emergency and I cannot be reached, I give permission for the supervising staff member or the available adult leader to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.

*(Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date.)*

Parent/Guardian Signature:

Date:

*Please make checks payable to Trinity Lutheran Church.*

For office use:

Date:

Amount:

Check Number:

Room Assigned:



Submit