

**Presbyterian Church of Lawrenceville  
Nursery Registration  
2011**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Known Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_

Information that may be helpful for childcare provider to know to make your child's nursery visit more enjoyable **i.e. likes to be rocked-**

\_\_\_\_\_  
\_\_\_\_\_

Below are the authorized person/persons who may pick up my child.

(Other than parents)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

**Note: Any unfamiliar person will be required to show identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent/guardian. A minor cannot pick up children from the nursery.**

**RELEASE FOR MINOR CHILDREN (Under 18)**

I, *(print name)* \_\_\_\_\_, parent or official guardian of  
*(child's name)* \_\_\_\_\_ hereby grant permission to  
PCOL, its employees or representatives, to take and use: *(check all that apply:)* \_\_\_photographs/digital  
images \_\_\_videotape \_\_\_audio recording or quoted remarks of **my child** for use in promotional or  
educational materials as follows: \_\_\_printed publications or materials \_\_\_electronic publications or  
presentations \_\_\_Websites. I agree that my child's name and identity: \_\_\_may be revealed \_\_\_may **not**  
**be** revealed in descriptive text or commentary in connection with the image(s).

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Parent or Guardian)*

*Please mail completed form to the church office,  
2688 Main St. Lawrenceville, NJ 08648*