

**Oakdale Park Church Nursery Registration Form  
For Wednesday Night Ministry  
For Children Ages Infant – Pre-Kindergarten**

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

\_\_\_\_\_  
Adult Program Attending or Volunteer Position

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

\_\_\_\_\_  
Adult Program Attending or Volunteer Position

\_\_\_\_\_  
Address (including City and Zip Code)

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

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

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

Child's Name:	Date of Birth (m/d/yr)	Age	Gender	Medical Concerns, allergies, etc.

**Photo Release**

I give permission for my child(ren) to appear in photographs that may be used in brochures, flyers, church website, posters, etc. that the Oakdale Park Christian Reformed Church may produce.    Yes      No

**Liability Release**

The child(ren) listed have my permission to be cared for by Oakdale Park Church volunteers. I understand that care will be taken to assure their safety. If there should be an accident, I will not hold any coordinator, staff, volunteer, other parent, and/or Oakdale Park Christian Reformed Church liable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date