



CATHOLIC CHURCH OF THE NATIVITY
NURSERY
registration
2025-26

Family Last Name

Family Email

Mother/Guardian		
Name (first and last)		
Address		
City, Zip		
Phone (Home)		
Phone (Cell)		
Email		

REMEMBER

- The Nursery is available to children ages four and under during the 8:30 and 11:00 a.m. Sunday Masses
- You **MUST** provide a number you can be reached at during Mass. (please remember to keep your phone on silent, yet still aware)
- Children may be signed in 10 minutes before Mass and signed out no later than 10 minutes after Mass.
- The Nursery can only open with a sufficient number of adult volunteers. Our Adult to child ratio is crucial to the nursery opening. Please remember to volunteer at least 1x per quarter. No time is too little.

Child's Name		Birth Date		Allergies	Special Needs				
						In Diapers/	Potty Training	Potty Trained	Needs Assistance
						In Diapers/	Potty Training	Potty Trained	Needs Assistance
						In Diapers/	Potty Training	Potty Trained	Needs Assistance
						In Diapers/	Potty Training	Potty Trained	Needs Assistance

Please be respectful to the other children in the nursery by:

If your child has had a fever within the last 24 hours please keep them home.

Children who have had a rash with fever or experienced nausea, vomiting or diarrhea must be without symptoms for 24 hours before returning to the nursery.

If your child develops a fever or other symptoms within 24 hours of visiting the nursery please share that information with the Nursery Coordinator.

Please address all questions, concerns and inquiries to:
Shannon Gaghan (724) 910-3623
nursery@nativitycatholic.net

Please use this space to tell us a little more about your child/children.

Emergency Contact (other than parent)

I give permissions for the following person to pick-up my child and be contacted in an emergency when I am not available.

Name: _____

Relationship: _____ Cell# _____ Work# _____

Emergency Medical Release Permission:

I, _____, who may do so by law, authorize the administration of emergency medical treatment for the subject of this release form. I understand I will be notified immediately. If I cannot be reached, I consent to the action of the attending physician or dentist. I hereby release Catholic Church of the Nativity and its agents from liability for action taken pursuant to this release.

Parent/Guardian Signature: _____

Phone: _____ Date: _____

Health History/Special Needs:

Please indicate any health or special needs your child (Children) may have, including allergies, permanent illness, deficiencies, learning disabilities, etc. This information is crucial to us in order to provide a safe and successful learning environment for all children. (Please include ADHD/Asperger's conditions, especially if your child takes medication for these conditions.)

Child Name:

Allergy/Medical/Special Need(s)

This information will be shared with the teacher only, and it will NOT be published.