

Sunday Co-op Child Care 2017-2018

Step 1 Register: Download & SAVE this form onto your computer Desktop. Then complete form & email as attachment to: CFFregistration@smdpyl.org or PRINT out & return to Parish Office.

PLEASE PRINT CLEARLY		
Father's Name:	Religion:	
Home Phone:	Cell Phone:	
Mother's Name:	Religion:	
Home Phone:	Cell Phone:	
Mother's Maiden Name:	Marital Status: S M D Sep W	
Address:		
Email Address:	Child Lives with: Both Mother Father Other	
Family Registered in Parish? Yes No <i>(If no, please complete a parish registration form)</i>		
FIRST CHILD		
Please Choose ONE Mass Time:	8:45 Mass <input type="checkbox"/>	10:30 Mass <input type="checkbox"/>
First Name:	Middle:	Last:
Gender: M F	Date of Birth:	
Allergies:		
Can they have a snack? Y N	Are they potty-trained? Yes No	
If necessary, may we change their diaper? Y N		
Is there anything else you'd like us to know?		
SECOND CHILD		
Please Choose ONE Mass Time:	8:45 Mass <input type="checkbox"/>	10:30 Mass <input type="checkbox"/>
First Name:	Middle:	Last:
Gender: M F	Date of Birth:	
Grade:	School:	
Allergies:		
Can they have a snack? Y N	Are they potty-trained? Yes No	
If necessary, may we change their diaper? Y N		
Is there anything else you'd like us to know?		
CHILD CARE VOLUNTEER – We need your help at least one Sunday per month.		
Volunteer's Name:		Email:
I can help in the following masses:		Phone:
8:45 AM Mass <input type="checkbox"/>	10:30 AM Mass <input type="checkbox"/>	No Preference <input type="checkbox"/>

PLEASE COMPLETE CHILD FAITH FORMATION WAIVER ON BACK OF THIS FORM

SUNDAY CO-OP CHILD CARE
Children's Faith Formation Waiver

I, the parent (or guardian) of _____, hereby give my permission for her/his participation in the above name activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, diocesan personnel responsible for this activity. As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that she/he may suffer as a result of her/his participation in the activity describe above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of her/his participation in the above named activity, including transportation to and from this activity, whether or not caused by negligence, active or passive, of the parish, school, or diocesan youth activities program or any of its agents of employees, recourse for the payment of any resulting hospital, medical, dental treatment or related cost and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouses. I am not aware of any medical condition of my child, which would render it inappropriate for her/him to participate in any activity.

I hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and publication or other use thereof. I hereby waive any right to compensation or any right that I otherwise might have to limit it to control such making or use.

I hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental or the appropriated treatment deemed necessary and appropriate by the physician, nurse dentist, or licensed care staff.

Signature of Parent: _____ Date: _____

Signature of Witness: _____

I am will to do my part volunteering in the Co-op Childcare.

Signature of Parent: _____ Date: _____

Step 2 Pay Fees by Credit Card: [Click Here](#) to submit payment on Parish Credit Card system.

Concerns, contact Colleen Picou colleenp@smdpyl.org

Co-op Childcare Registration Fee: Volunteer in Childcare minimum once per month

**For child safety, adult volunteers complete fingerprinting &
Safe Environment Training online at www.shieldthevulnerable.com**

Questions, contact Early Childhood Coordinator, Colleen Picou at colleenp@smdpyl.org