ZION
BAPTIST CHURCH
SERVING THE FAMILY OF GOD SINCE 1864

Rev. Dr. Keith W. Byrd, Sr., Pastor

Nursery Ministry Intake Form

Child Information

Child's Name: _____ Birthdate: _____

Child's Preferred name if different _____

Parent/Guardian's Contact Information

Mother/Guardian's Name: _____

Cell Phone: _____ Email: _____

Is this parent allowed to check in or check out the child? Yes ☐ No ☐

Father/Guardian's Name: _____

Cell Phone: _____ Email: _____

Is this parent allowed to check in or check out the child? Yes ☐ No ☐

Emergency Contact Information

Emergency Contact other than Parent: _____

Name: _____ Phone: _____

Is this person allowed to check in or check out the child? Yes ☐ No ☐

Emergency Contact other than Parent: _____

Name: _____ Phone:_____

Is this person allowed to check in or check out the child? Yes ☐ No ☐

Is anyone else, 18 years or older, allowed to check in or check out the child? Yes ☐ No ☐

Name _____

Child's Health Information

Does child have any health concerns, physical limitations, allergies, or any other conditions? Yes ☐ No ☐

If yes, please explain: _____

_____

_____

_____

Permission Authorizations

Does your child have permission to go outside on the church playground and short walks around the block? Yes ☐ No ☐

On occasion, pictures may be taken for purposes of the ministry websites, programs and flyers. Do we have permission to use pictures of your child for the above reference purpose? Yes ☐ No ☐

I_____ understand that the Zion Baptist Church Nursery is a ministry operating an age-appropriate praise and worship service while parents and families worship in the main worship service at Zion Baptist Church. I further understand that this means that I will remain on the premises of the church during the entire time that my child is in the nursery. I also agree to pick my child up immediately upon the conclusion of the worship service. I understand that poor behavior will not be tolerated and I agree to pick my child up upon request for any behavioral concerns.

I have read and agree to the above statement, and I understand the information contained therein.

Signature: _____ Date: _____

Printed Name: _____

For Office Use Only

Received by (Signature) _____

Position: _____

Date: _____

01/2025