

SAINT RAYMOND OF PENAFORT PARISH  
CHILD CARE DURING MASS  
REGISTRATION FORM AND SAFETY GUIDELINES

Registration Process:

- 1) Complete one form per child, making sure to sign the waiver at the bottom of this page;
- 2) Bring the registration form with you on your first visit to the babysitting service;
- 3) For safety concerns, we will need to enforce a maximum of children (appropriate number of qualified VIRTUS adult per child ratio). Please make reservations at least 72 hours in advance on our website at <http://straymonds.org/child-care-during-mass/> and if you have a change of plans we would appreciate knowing in advance so that others may make a reservation.

The babysitting service is for children during the 8:45 Mass at Saint Raymond of Peñafort Parish.

Child's Name:	Child's DOB:
Mother's Name:	Father's Name:
Mother's Cell Phone:	Father's Cell Phone:
Mother's Email:	Father's Email:
Allergies the child may have:	
Any learning or emotional needs that the nursery should be made aware:	
Are there any things that typically soothe your child (songs, toys, books)	

**IMPORTANT: PLEASE READ WAIVER CAREFULLY**

I agree not to hold the Most Reverend Michael F. Burbidge, Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, and nursery volunteers legally or financially liable for any illness, accident or injury to my child that may occur before, during or after any babysitting service. I will notify the nursery of a phone number where I can be contacted. If my child should become ill or be injured and I cannot be contacted immediately, I agree that a member of the nursery volunteer staff may, without liability, act in my stead in consenting to any medical treatment that he or she in good conscience deems to be in the best interest of my child.

WAIVER: By my signature below, I acknowledge that I have read and understand the Waiver and agree to its provisions.

Name of Child
Printed Name of Parent or Guardian
Signature of Parent or Guardian Date

SAINT RAYMOND OF PENAFORT PARISH  
BABYSITTING  
SAFETY GUIDELINES

Please help us keep our babysitting service a safe place for all children. Do not bring your child if s/he has:

- A fever within the past 24 hours without the use of fever reducing medication
- Vomiting/diarrhea within past 24 hours
- Any symptoms of childhood diseases: measles, mumps, etc.
- Sore throat
- Persistent cough
- Unexplained rash or skin infections
- Pink eye or other eye infection

Parents may leave a bag with child's diapers and a change of clothes if they might be needed. Please attach a masking-tape label to the bag with the child's name, so it can be easily identified.

Please do not bring cups, bottles, snacks, etc. into the nursery to ensure that they are not shared or lost.

Please sign-in your child and leave a cell number where you may be reached. In the event that you forgot a cell phone, please identify in the chart below where you will be seated, so we can contact you in the event in which your child becomes sick, inconsolable, or another emergency.

Parents must remain on the church property while their child is in the nursery and carry a cell phone or identify their location within the church where they will be seated in the event of a child becoming ill or an emergency in which the parent must be contacted. Please come down to pick-up your child immediately after mass.

A grown-up must sign-in and sign-out a child in the babysitting service. If it will not be the same adult, please leave written instructions at drop-off to ensure that your child will be released to the adult you name.

Parents are encouraged to volunteer in the nursery during the year. We will send you an email to the address listed on the registration form to get the background check process started, so that with your help, we can keep the nursery ministry active.

SAFETY GUIDELINES: By my signature below, I acknowledge that I have read and understand the safety guidelines and agree to their provisions.

Name of Child	
Printed Name of Parent or Guardian	
Signature of Parent or Guardian	Date