



SAINT ELIZABETH ANN SETON CATHOLIC CHURCH

2035 Fifteenth Street West
Hastings, Minnesota 55033-9294
651-437-4254 ~ 651-438-2948 (Fax)
www.seasparish.org
info@seasparish.org

SEASide Nursery Agreement

Child's Name _____ Birth date _____

Parent(s) Names(s) _____ Cell # _____

Name of Physician _____ Phone _____

Emergency Contact _____ Cell # _____

Person authorized to pick up my child _____

1. Does child have any medical condition necessitating dietary supplements or restrictions, medication or avoidance allergies? Yes ____ No ____

If yes, please specify: _____

2. Immunization records/dates required:

Are there any restrictions on normal physical activities: Yes ____ No ____

If yes, please specify: _____

- A child who appears ill upon arrival will not be admitted.
- Children will be signed in and out. Identification will be required.
- Parents are not allowed to leave the building while children are in SEASide Care.

Signature _____ Date _____

Photo Release

I give permission for SEASide Care to take pictures of my child(ren) during care hours. Pictures may be displayed in SEASide Care, used for newspaper, website, facebook, special events and special art activities. You are granting permission unless we are further notified in writing.

Parent Signature _____