



Basic Information Regarding Nanny Ministry 2018-19

- Babysitting for children 3-5 years of age will be offered at all FLF sessions, provided enough volunteers come forward to make this ministry possible. Availability at each FLF session is limited due to space. Please register ASAP to receive your first choice of FLF sessions.
- Children must be potty-trained.
- Children must be registered for the babysitting program. Please submit this with all other registration forms, or turn in to Faith Formation Office prior to the start of classes.
- We will make every effort to honor your request, but placements are made in the order that registration paperwork is received.
- Parent must be present on site, but in case of emergency it is necessary that we have general information about your child, as requested below on the permission form.

Diocese of Joliet

GENERAL PERMISSION FORM

I request that my child(ren) be accepted in the nanny (babysitting) program, located at/in St. Jude School/Franciscan Hall during the Families Living Faith parent sessions.

I hereby release and indemnify the Catholic Community of St Jude, New Lenox, IL, its staff, volunteers, and the Joliet Diocese, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child(ren), _____, by the people in charge of the St Jude Nanny Ministry (staff and volunteers), as their judgement deems advisable, and for staff to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the child. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Family Name: _____ Date _____

Child(ren)'s Name(s): _____ Birth Date(s): _____

Allergic to medication/other? NO YES (circle one)

If yes, please describe:

Medication(s) presently taking: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Ph #: _____ Work Ph #: _____ Cell Phone: _____

Email: _____ (please print)

In case of Emergency contact: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

Names and Grades of Siblings in the program: _____

Nanny Ministry has been requested for the following Time/Day:

___ Sun A 10:15am ___ Sun B 10:15am ___ Tues A 5:30pm ___ Tues B 6pm ___ Wed A 5:30pm ___ Wed B 6pm

I, _____, am willing to volunteer in the nanny ministry as: ___ permanent nanny ___ substitute nanny ___ or JH/HS aide

All volunteers, 18 years & older, working with children/youth must go through the Protecting God's Children Program. Minor volunteers (those under 18 years of age) must sign and submit the "Application for Minors Serving As Volunteers" form. Forms are available upon request.

