

# 2008 Texas Conference Parents

***A Warm Welcome  
From  
Noah's Nook Nursery!***



**We'll be Caring for Your Children  
Infants through Kindergarten.**

We are so excited to once again have you and your children join us for this year's conference! A fun-filled week is planned for your little ones! Please be assured your children will be cared for in a safe, loving and stimulating environment!

Parents registering children from infants through kindergarten, please complete the following forms:

- 1) Nursery registration form
- 2) Release/Consent for medical treatment
- 3) Meal order form
- 4) Special Needs Information Sheet, if applicable

The completed forms must be received on or before May 1st. A \$50 late fee will apply to reservations received after this date. Please mail your reservations to:

Noah's Nook Nursery  
Attn: Texas Annual Conference Registration  
The Woodlands United Methodist Church  
2200 Lake Woodlands Drive  
The Woodlands, Texas 77380

Morning and afternoon snacks will be provided by the nursery at no cost to you. If your child will be staying with us for breakfast, lunch or dinner, you may send a sack lunch (no microwavable meals, please) or order a meal for your child from the nursery. Please complete the meal order form if you'd like us to provide meals for your child.

You may begin checking into the nursery each day fifteen minutes before the start of your morning's event. Each parent will be given a pager so we can contact you if necessary. If you plan to leave campus, be sure to give us your cell phone number and please keep your phone on.

Our activities are varied and will include playground time, so socks and tennis shoes are recommended. Please look over the following activities and suggestions for appropriate attire for your child each day.

<u>Date</u>	<u>Activities</u>	<u>Suggestions</u>
<b>Sunday, May 25</b>	<b>Welcome!</b> <b>Theme: 'Noah'</b> Art, Free-Play, Get-to-Know You Sing-a-Long	Bring blanket or sleeping bag and pajamas
<b>Monday, May 26</b>	<b>Splash Day!</b>	Wear swimsuits under clothing and water shoes; bring towel; apply sunscreen; bring dry change of clothes.
● Morning	Fun outdoor water centers	
● Afternoon	More fun!	
● Evening		Bring PJ's and a blanket.
<b>Tuesday, May 27</b>		
● Morning	<b>Down on the Farm!</b>	Play clothes;
● Afternoon	Lots of fun!	
● Evening	Puppet show Music time	Bring blanket/sleeping bag and pajamas
<b>Wednesday, May 28</b>		
● Morning	<b>Story Book Land</b>	Play clothes
● Afternoon	Favorite stories	
● Evening	come to life!	Bring blanket or sleeping bag and pajamas.

We look forward to seeing you! Please contact us with any questions or concerns!  
Call Janet Donovan at 281-297-5960 or e-mail us at [jdonovan@twumc.org](mailto:jdonovan@twumc.org) .  
We want your visit to be as enjoyable and convenient as possible!

2008 Texas Conference

**NURSERY REGISTRATION**

**FOR**

**Infants through Kindergarten age children\***

**Due May 1st**

Child's Full Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Child's Full Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Child's Full Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent Name(s): \_\_\_\_\_  
Address: (street, city, state, zip) \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone(s): \_\_\_\_\_  
Cell phone(s): \_\_\_\_\_ e-mail: \_\_\_\_\_  
Home Church: \_\_\_\_\_

**Allergies?**

Child: \_\_\_\_\_ Allergic to: \_\_\_\_\_  
Child: \_\_\_\_\_ Allergic to: \_\_\_\_\_  
Child: \_\_\_\_\_ Allergic to: \_\_\_\_\_

**Other Needs? (please specify)**

Child's name \_\_\_\_\_ Needs \_\_\_\_\_  
Child's name \_\_\_\_\_ Needs \_\_\_\_\_  
Child's name \_\_\_\_\_ Needs \_\_\_\_\_

Please note: Our staff will not administer medications. Parent must give medicine to the child.  
Exception: Epi-pens for life-threatening allergies will be accepted by child's caregiver in original prescription container.

**Suggestions to comfort your child: (Comfort items, or "lovies", are welcome).**

Child \_\_\_\_\_ Suggestion \_\_\_\_\_  
Child \_\_\_\_\_ Suggestion \_\_\_\_\_  
Child \_\_\_\_\_ Suggestion \_\_\_\_\_

**Please check the dates and provide the times you will be needing nursery care.**

\_\_\_\_\_ Sunday, May 25      arrival time: \_\_\_\_\_      departure time: \_\_\_\_\_  
\_\_\_\_\_ Monday, May 26      arrival time: \_\_\_\_\_      departure time: \_\_\_\_\_  
\_\_\_\_\_ Tuesday, May 27      arrival time: \_\_\_\_\_      departure time: \_\_\_\_\_  
\_\_\_\_\_ Wednesday, May 28      arrival time: \_\_\_\_\_      departure time: \_\_\_\_\_

**We Welcome Your Special Needs Child!**

Caregivers trained for special needs children are available. If you have a special needs child, please complete the 'Special Needs Child Information Sheet' to help us choose the best caregiver for your child.

**Questions?** Please call Janet Donovan at 281-297-5960 or e-mail [jdonovan@twumc.org](mailto:jdonovan@twumc.org).

\*Children who have just completed Kindergarten.

**2008 Texas Conference**  
***Noah's Nook Nursery***  
**The Woodlands United Methodist Church**

**Release/Consent to Medical Treatment**

**Name of child:** \_\_\_\_\_

**Name of child:** \_\_\_\_\_

**Name of child:** \_\_\_\_\_

**Name of parent(s)/guardian(s):** \_\_\_\_\_

I (we), the parent(s), legal guardian(s), or custodian(s) of any minor participating in the TWUMC Nursery activity program during the Texas Annual Conference at The Woodlands United Methodist Church knowingly release, absolve, indemnify, and hold harmless The Woodlands United Methodist Church from all claims that might result from any injury of any minor.

In the event that any minor is injured while in the care of The Woodlands United Methodist Church and requires the attention of a doctor, we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital employee refuse to administer without our consent, we hereby authorize the TWUMC Nursery Directors or Coordinators to give consent for us if we cannot be reached by telephone at one of the numbers listed below, or if because of an emergency, there is not time to opportunity to make a telephone call. In the event that it becomes necessary for one of these persons to give consent for us, we to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician.

**Emergency Numbers:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone(s):** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone(s):** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone(s):** \_\_\_\_\_

**Physicians Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_

**Pre-existing conditions:**

**Name:** \_\_\_\_\_ **Pre-existing conditions:** \_\_\_\_\_ **Drug allergies:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Pre-existing conditions:** \_\_\_\_\_ **Drug allergies:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Pre-existing conditions:** \_\_\_\_\_ **Drug allergies:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Group or Policy #:** \_\_\_\_\_

**Insured's Name:** \_\_\_\_\_ **Member/Subscriber#:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# special Needs Child

## Information Sheet

All children are welcome at Noah's Nook! If you have a special-needs child, please complete the following questionnaire. This information will help ensure that your child's visit is both safe and comfortable!

**Questions or concerns?** Please contact Janet Donovan at 281-297-5960 or email [jdonovan@twumc.org](mailto:jdonovan@twumc.org)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s): \_\_\_\_\_ Cell phone(s): \_\_\_\_\_

Medical condition/diagnosis: \_\_\_\_\_  
\_\_\_\_\_

We want our staff to know how best to serve your child. Please answer the following questions and provide any other information that you consider important or helpful.

Normal disposition: (please circle)      happy    cheerful    calm    nervous    upset    agitated  
other \_\_\_\_\_

Dislikes: Please list situations (or fears) to avoid (such as "large groups cause stress", "dislikes swings", etc.)  
\_\_\_\_\_

Adverse behaviors: such as "runs away", "biting", etc. \_\_\_\_\_

Please list allergies : (fill out allergy alert name tag if has allergies) \_\_\_\_\_

Drinks from a: (please circle)      Cup (needs assistance: yes    no )  
Needs a straw  
Tube fed (advance notice and instruction required)  
Bottle

Snack: (please circle)      Independent    Spoon fed    Needs help feeding self  
Parent provides snack?                      yes    no  
Can your child have our snacks?    yes    no

Suggested calming activities: (such as a walk, stroller ride, massage, looking at fish tank, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Communication: (please circle)      Verbal    Sign    Other: \_\_\_\_\_

Toileting: (please circle)      Diapers      Toilet trained (needs assistance: yes    no )

Mobility: (please circle)      Independent  
Requires assistance (indicate assistance required and precautions)  
\_\_\_\_\_

Positioning: Does your child require assistance in repositioning? Please suggest the most comfortable position and how often he/she needs to be repositioned: \_\_\_\_\_

\* We strive to care for all children in our church family. Unfortunately, some needs may be beyond the abilities of our staff. Please use the back of this form to provide any additional information.