Nursery Registration Form

General Information

Child's name _____ M _____ F _____ Birthday_____/_____/_____

Address_____City_____State_____Zip_____

Parents _____ Phone _____ Cell phone _____

VBS job (if applicable) _____ Location during VBS _____

Does your child attend daycare or nursery school? _____

Food allergies? Y ____ N _____ List _____

Medical concerns? Y _____ N _____ Explain _____

What comforts your child? _____

May we apply sunscreen to your child if needed? Y _____ N _____

0–24 Months

Feeding times and routines _____ Nap schedule_____

2–4 Years

Diapers, training pants, or toilet-trained?_____

Other helpful information _____

_____

_____

_____

Nursery Registration Form

General Information

Child's name _____ M _____ F _____ Birthday_____/_____/_____

Address_____City_____State_____Zip_____

Parents _____ Phone _____ Cell phone _____

VBS job (if applicable) _____ Location during VBS _____

Does your child attend daycare or nursery school? _____

Food allergies? Y ____ N _____ List _____

Medical concerns? Y _____ N _____ Explain _____

What comforts your child? _____

May we apply sunscreen to your child if needed? Y _____ N _____

0–24 Months

Feeding times and routines _____ Nap schedule_____

2–4 Years

Diapers, training pants, or toilet-trained? _____

Other helpful information _____

_____

_____

_____

Copyright © 2015 Answers in Genesis. Limited license to copy.