

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 _____

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