

# 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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