NURSERY REGISTRATION FORM

General Information

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

Address _____ City _____ State _____ Zip _____

Parents _____ Phone _____ Email_____

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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