

# 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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