

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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