



Infant/Child Nursery Registration

Please Complete and Return to the Church Office

***A Form** should be **Filled Out for Each Individual Infant/Child** for **Nursery Registration**. Thank you!

INFANT/CHILD INFORMATION:

Infant/Child's Full Legal Name: _____

Birth Date (mm/dd/yyyy): _____ Age: _____ Gender (M/F)

PARENT/GUARDIAN INFORMATION:

Father's Full Legal Name: _____

Phone(s): _____

Email(s): _____

Mother's Full Legal Name: _____

Phone(s): _____

Email(s): _____

Guardian's Full Legal Name: _____

Phone(s): _____

Email(s): _____

HOME INFORMATION:

Street: _____

City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACT (other than Parent or Guardian):

Full Legal Name: _____

Relationship to Infant/Child: _____ Phone: _____

Full Legal Name: _____

Relationship to Infant/Child: _____ Phone: _____

NAME and ADDRESS of INFANT/CHILD'S DOCTOR:

Name: _____ Street: _____

City: _____ State: _____ Zip Code: _____

Phone(s): _____ Email: _____

MEDICAL INFORMATION:

Does your child have any Special Medical Condition(s) or Allergies that we should know (including any foods or food ingredients)? _____

INFORMATION on SPECIAL LEARNING NEEDS:

Does your infant/child have any special learning needs that we should know? _____

Guardian/Parent Signature: _____ Date: _____