

Sunday Nursery Registration (0 – Preschool)

Please complete one form for each child attending the Nursery



Child Name: _____ Date completed: _____

Address: _____

Date of Birth: _____ Home Phone: _____

School Name (if applicable) _____

School Accommodations in place: _____

Special needs that may limit participation in the Nursery: _____

Any Allergies: _____

Dietary Restrictions: _____

Health issues/medications that the staff should be aware of _____

Parent #1 Name: _____

Parent #1 Cell Phone: _____

Parent #1 Email: _____

Parent #2 Name: _____

Parent #2 Cell Phone: _____

Parent #2 Email: _____

Emergency Contact (other than parent) : _____

Emergency Contact Phone Number: _____

Parent/Guardian Signature: _____