

Church Nursery Information

Today's Date _____

Child's Name _____ Birthday _____

Parent or Guardian _____

Home Address _____

Phone Numbers (Day) _____ (Evening) _____

Only these 2 additional people may pick up my child from the nursery:

Napping Schedule _____ Bottle _____

Can _____ Cannot _____ have crackers.

Favorite Activities are _____

Does not like _____

Is allergic to _____

Is upset by _____

Special Notes: _____

(Signature of Parent or Guardian, verifying that information is correct)