

**Christ Episcopal Church, North Hills
Nursery Registration Form**

Program Year – 20__ - 20__

Child's Name: _____ Nickname: _____

Birth Date: _____ Today's Date: _____

Mother: _____ Father: _____

Service usually attended: _____

Where will parents be: _____

Siblings Names & Ages: _____

Address: _____

Home Phone: _____ Cell Phone: _____

OTHER SAFE ADULTS with whom I can go home:

MY FAVORITE THINGS:
_____ Blanket: _____
_____ Pacifier: _____
_____ Toy: _____
_____ Game/Song: _____
_____ Other: _____

SNACKS
_____ Are OK: _____
_____ Do not give: _____
_____ Allergies: _____
_____ In Diaper Bag: _____
_____ Concerns: _____

Diaper Size: _____

Outside Play OK? _____

When I'm sleepy: _____

When I'm crying: _____