

# Nursery Registration Form

## GENERAL INFORMATION

Child's name \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Copyright © 2022 Answers in Genesis. Limited license to copy.

# Nursery Registration Form

## GENERAL INFORMATION

Child's name \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Copyright © 2022 Answers in Genesis. Limited license to copy.