

Nursery Registration 2017–2018

Name of Child: _____
(First) (Last)

Date of Birth _____

Address: _____
(Street) (Apt. #) (City)

Postal Code: _____ Home Phone: _____

Email address: _____

Mother's name: _____ Phone: _____

Father's name: _____ Phone: _____

Allergies or Health Concerns (please note the severity): _____

If your child has allergies please leave written instructions as to how you would like us to respond if your child is exposed to an allergen. If your child has severe allergies please complete an 'Anaphylaxis Emergency Plan' which we will keep on file. Your child will be photographed to assist the leaders in caring for them.

Behavioural/Learning Concerns: _____

What will help us to settle your baby/child comfortably in the nursery? _____

I give permission for the Nursery staff to change my child's diaper: _____ (yes/no)

Please contact me when my child needs to be changed: _____ (yes/no)

Is your child able to have diluted juice and simple snack foods? _____

Is your child baptized? _____

Do you to learn more about baptism preparation? _____

Please let us know who is permitted to pick up your child: _____

We welcome your child and look forward to having them with us.