

First Presbyterian Church Nursery ~ Information

Child's Name _____ Nickname _____ Boy or Girl (circle one)

Date of Birth _____ / _____ / _____

Parents/Guardian Name _____ Email Address _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Father's Work Phone _____ Cell Phone _____

Mother's Work Phone _____ Cell Phone _____

Parent's Sunday School Class _____

Name and Ages of Brother(s)/Sister(s) _____

Person(s) authorized to pick child up _____

Medical Conditions (allergies, limitations, etc.) _____

Special Instructions _____

INFANTS: Usual nap time _____ Usual feeding time _____ Bottle or Nursed (circle one)

Things child likes to do: _____

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In the event of any accident, injury and/or illness, the staff and volunteers of First Presbyterian Church and other professional medical personnel have my permission to take whatever action is necessary or advisable to ensure prompt medical attention.

Signature of Parent/Guardian _____ Date _____