

Church Nursery Form

Child's Details

- Full Name: _____
- Date of Birth: _____
- Age Group:
 - Infant (0-12 months)
 - Toddler (1-3 years)
 - Preschool (4-5 years)
- Gender:
 - Male
 - Female
 - Other

Parent/Guardian Information

- Parent/Guardian Name: _____
- Address: _____
- Primary Phone Number: _____
- Email Address: _____

Emergency Contact Information

| Contact Name | Relationship | Phone Number | Alternate Contact |
|--------------|--------------|--------------|-------------------|
| | | | |
| | | | |

Medical & Allergies

- Does your child have any allergies or special medical conditions?

Yes

No

If yes, please specify: _____

- Any special instructions or care needed during church hours:

Authorized Pick-Up List

- Name: _____

Relationship: _____

- Name: _____

Relationship: _____

Consent for Participation

- I, the undersigned, consent to my child's participation in the church nursery program.

- Signature of Parent/Guardian: _____

- Date: _____

Consent for Emergency Medical Treatment

- In case of emergency, I authorize the church to seek medical treatment for my child if needed.

Yes

No