

NURSERY REGISTRATION FORM

Grace United Brethren Church Children's Ministry

Child's Name: _____
Nickname: _____ Birth Date: _____

Significant Others

Mother: _____ Father: _____
Siblings & Ages: _____
Address: _____
Home Phone: _____ Cell Phone: _____

Services usually attended: _____
Where parents will be: _____
Other Safe Adults: _____

My Favourite Things

_____ Blanket _____ Pacifier _____ Toy _____ Game/Songs _____ Other: _____

Snacks

Allergies: _____

Does your child carry an Epipen or Inhaler? Yes No If yes, please complete **Epipen and Inhaler Form**
_____ Breast Fed _____ Bottle Fed

Usual Feeding Times: _____
_____ Are OK _____ Do not give _____ In diaper bag: _____

Concerns: _____

Sleeping

Sleeping Times: _____ Sleeping Position: _____

Likes to be: _____ Rocked _____ Put down awake _____ Walked _____ Other: _____

When I'm Crying: _____

_____ Does not sleep in morning

Diapering

Diaper size: _____ Training Pants: _____ Toilet Trained: _____

Change Diaper _____ Do not Change Diaper _____ Change only if soiled _____

Other Comments: _____

I give my permission to Grace U.B. Church to keep the information above in records for the use of the Grace U.B. Church Children's and Youth ministries. Yes No

I give my permission to Grace U.B. Church to use my child's name and/or photo on material posted within the church. Yes No

I give my permission to Grace U.B. Church to use my child's name and/or photo on material posted on the church website. Yes No

Parent's Signature: _____

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