



**Sunday Nursery Family Registration
Walking to 4yrs 11 months**



Please Print Clearly

Children's Information			
1.	Child's Name	Age	Date of Birth
List known medical conditions (diabetes, asthma, food allergies, etc)			
2.	Child's Name	Age	Date of Birth
List known medical conditions (diabetes, asthma, food allergies, etc)			

Please list any/all family relatives/friends who have your permission to pick up your child from the Nursery

Family Information	
Name	
Address	
Father's Cell Phone	Mother's Cell Phone

I have read and agree to the policies listed on the back of the registration form. I understand that the nursery provides care only for children who do not show signs or symptoms of any illness. I understand that my child should be signed out/picked up immediately after Mass.

Signature of Parent or Legal Guardian _____
Date _____