

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

Please Print Clearly

| Family Information |                   |
|--------------------|-------------------|
| Name               |                   |
| Email Father       | Email Mother      |
| Cell Phone Father  | Cell Phone Mother |

| 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**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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 \_\_\_\_\_