

NURSERY REGISTRATION FORM

UCCSM RE 2011-2012

*Please complete a separate registration for each child you are enrolling;
the PARENT INFORMATION section need only be filled out once.*

Child/Youth Name	Birthday (mm/dd/yy)	Age	Gender	Service (Circle)
				9 11

* for office use only

PARENT INFORMATION

Parent/Guardian #1 _____ Relationship to Child _____
 E-mail _____ Church Member Yes No
 Street Address _____ City/Zip _____
 Home Phone _____ Cell Phone _____
 Preferred contact methods: Email Home Phone Cell Phone Call Text USPS Facebook

Parent/Guardian #2 _____ Relationship to Child _____
 E-mail _____ Church Member Yes No
 Street Address _____ City/Zip _____
 Home Phone _____ Cell Phone _____
 Preferred contact methods: Email Home Phone Cell Phone Call Text USPS Facebook

CHILD INFORMATION

1. Are there any personal concerns you would like us to know about? (medical conditions, allergies, special needs, etc.)

2. What are your children's interests and abilities?

PARENT CONSENT INFORMATION

In the event of a medical emergency, the RE staff has my permission to treat and/or transport my child if necessary.

Parent Signature _____ **Date** _____