



Nursery/Preschool Registration Form



Child's Name _____

Nickname _____

Birth Date _____

Today's Date _____

SIGNIFICANT OTHERS

Mother _____

Father _____

Service usually attended _____

Where will parents be _____

Siblings Names & Ages _____

Address _____

Home Phone _____

Work Phone _____

Home e-mail _____

Work e-mail _____

OTHER SAFE ADULTS WHO I CAN GO HOME WITH:

MY FAVORITE THINGS

Blanket Pacifier Toy Other
 Game/Song/Story _____

SNACKS

are OK do not give in diaper bag concerns _____
 allergies _____

Diaper size _____

Outside play OK? _____

When I'm sleepy _____

When I'm crying _____

Emergency Authorization

In case of an emergency, who should we contact if we cannot reach parents/guardians?

Name _____

Address _____

Home Phone (____) _____ Work Phone (____) _____

Emergency Medical Contact:

Doctor _____ Address _____

Phone (____) _____

Hospital _____ Address _____

Phone (____) _____

Medical Information

Does child have any allergies to foods and/or medications? ____ Yes ____ No

List _____

Are there any medical/mental/emotional problems or any special procedures required for the care of your child?
If so, please explain.

Information about Your Child

Names and Ages of Siblings _____

Other Persons living in the home _____

Child's favorite activities _____

Pets _____

Is Child Left- or Right-Handed? Left Right Unknown

Photograph Authorization

Pictures of my child may be taken for use within FBC Weekday. ____ yes ____ no

Pictures of my child may be taken for use outside FBC Weekday. I understand this may include church publications and other forms of media. ____ yes ____ no