



REGISTRATION FORM

Child's First and Last Name: _____

Child's Birthdate: _____ Today's Date: _____

Please register your child for the ministries they will be attending:

1st Hour Nursery 2nd Hour Discipleship Women's Fellowship & Study

Does your child have any allergies? Yes No
If yes, please list:

Does your child have any special needs? Yes No
If yes, please list:

Please note: The Grace Nursery staff will not administer medications under any circumstance.

Please list any additional information:

Father's First and Last Name: _____

Mother's First and Last Name: _____

Address: _____
(Street)

(City, State, Zip)

Telephone: _____

Email Address: _____

Individuals authorized to Check-Out your child from the Grace Nursery:

Nursery Staff Only – Child's Room Assignment: NB/1YR 2/3YR
To be moved after: _____