

NURSERY / PRESCHOOL
SPECIAL INFORMATION ABOUT YOUR CHILD

Date Visiting _____ / _____ / _____ Date of Birth _____ / _____ / _____

Child's Name _____ Name Used in the Home _____

Address _____ Phone _____

Location of Parent in Church Building: _____

Guest of: _____

Parents' Names _____ If not living with parents,

With whom does child live? _____

Father's Church Membership _____

Mother's Church Membership _____

Brothers and Sisters _____

Who may pick up your child (NOTE: siblings are not allowed to drop off or pick up)? _____

Medical Information

Is your child potty trained? Yes No

Does child use special words to go to the bathroom? _____

Does your child have any physical or mental disabilities? Yes No If yes, explain _____

Does child have allergies? Yes No If yes, explain _____

I, _____ agree to volunteer one hour per month in the Nursery /
(Parent's signature)
Preschool area. For the safety and well being of all children, proper supervision is required at all times.