



# NURSERY REGISTRATION FORM

Calvary United Methodist Church  
Infants through 3 Year Olds at 8:00 and 9:30 a.m.  
Infants through 4 year olds at 11:00 a.m.  
2009-2010

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Service you attend (circle one): 8:00 / 9:20 / 11:00

Parent(s) or Guardian(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

(We will use your email address to keep you updated on nursery news. You will always have the opportunity to opt out of receiving emails.)

Please indicate below if your child has special needs that we should be aware of.

Use the back of this paper to include any additional information that would be helpful in teaching your child.

Allergies? \_\_\_\_\_ Physical Limitations? \_\_\_\_\_

ADD or ADHD? \_\_\_\_\_ Behavioral concerns? \_\_\_\_\_

In school, does your child have an IEP? \_\_\_\_\_ 504 Plan? \_\_\_\_\_

## I am available to help...

- as a substitute
- as a parent helper
- as a nursery caregiver (paid position with interview)

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent's or Guardian's Name \_\_\_\_\_