

# ***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** \_\_\_\_\_