

Nursery Enrollment Form

Child's Full Name: _____

Preferred Name: _____

Date of Birth: _____ Age:(at time of enrollment) _____

Day(s) you will be using the MOMs Program: _____

Address: _____

Mother's Name: _____ Best Contact Number: _____

Father's Name: _____ Best Contact Number: _____

Please list siblings and their ages: _____

In case of emergency, contact: (if parents cannot be reached):

Name: _____ Phone #: _____
(Relationship)

Name: _____ Phone #: _____
(Relationship)

Authorized person(s) to pick up your child (other than parent): _____

Please list *any* medical conditions, allergies, dietary conditions, or *any other* conditions we need to know about your child: _____

Does your family belong to a church? If so, where: _____

Please include your child's most recent HEALTH FORM(physical) and SHOT RECORD with this completed form, as well as the \$5 registration fee.

Parent/Guardian Signature: _____ Date: _____