

CHURCH NURSERY

Registration Form

Please fill out the following registration form and email to phil.vaughn@lindenwood.net or return to the church nursery on Sunday mornings from 8:15 am to 12:15 pm.

Child's Name: _____

Today's Date: _____

Current Age: _____ Years _____ Months DOB: ____ / ____ / ____

Age Group to place your child for the school year (Sept - August)

_____ 0 to 24 _____ 2 to 3 year olds _____ 4 to 5 year olds

Parents Names: _____

Address: _____

City: _____ State: _____ Zip _____

Phone Numbers/ Home: _____ Cell: _____

The completion of this form will place your child on the daily sign-in sheet and provide us with emergency information.

Please list any medical conditions and allergies concerning your child.
