

## Church Nursery Information

Today s Date \_\_\_\_\_

Child s Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Numbers (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Only these 2 additional people may pick up my child from the nursery:

\_\_\_\_\_  
\_\_\_\_\_

Napping Schedule \_\_\_\_\_ Bottle \_\_\_\_\_

Can \_\_\_\_\_ Cannot \_\_\_\_\_ have crackers.

Favorite Activities are \_\_\_\_\_

Does not like \_\_\_\_\_

Is allergic to \_\_\_\_\_

Is upset by \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(If you do not have nursery paging systems, ask parents where they will be in the church building during the time their child is in the nursery)

\_\_\_\_\_  
(Signature of Parent or Guardian, verifying that information is correct)

## Church Nursery Visitor Cards

Name \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Nap \_\_\_\_\_ Bottle \_\_\_\_\_

\_\_\_\_\_ Can \_\_\_\_\_ Cannot have crackers.

Likes to:

Crawl \_\_\_\_\_ I am allergic to: \_\_\_\_\_

\_\_\_\_\_ Be held and rocked \_\_\_\_\_

Be read to \_\_\_\_\_ Special notes: \_\_\_\_\_

Practice walking \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

(If you do not have nursery paging systems, ask parents where they will be during the time their child is in the nursery.)