**Nursery Registration Form**

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General Information

Child’s name M \_\_\_\_\_ F \_\_\_\_\_ Birthday\_\_\_\_\_\_/ /

Address City State Zip

Parents Phone Cell phone

VBS job (if applicable) Location during VBS

Does your child attend daycare or nursery school?

Food allergies? Y \_\_\_\_ N \_\_\_\_\_ List

Medical concerns? Y \_\_\_\_\_ N \_\_\_\_\_ Explain

What comforts your child?

May we apply sunscreen to your child if needed? Y \_\_\_\_\_ N \_\_\_\_\_\_

**0-24 Months**

Feeding times and routines Nap schedule

**2-4 Years**

Diapers, training pants, or toilet-trained?

Other helpful information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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