

Forest Lake Presbyterian

Nursery Registration

date completed: _____

Child's Name: _____ Age: _____ Birthday: _____

Parent's Names: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Cell Phone: _____

Email address: _____

Allergies (Food or Medication): _____

What hints can you give us that will help us care for your child – likes, dislikes, ways to comfort, etc?: _____

Siblings names, ages, and grade: _____

List all people (other than parents) authorized to pick your child up from the nursery:

