

Family in Christ  
COMMUNITY CHURCH

**Nursery Registration**

**Today's Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Nick Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Parent's Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

(Home)

(Daytime)

(Cell)

**Email:** \_\_\_\_\_

**Service Usually Attends:** Wed \_\_\_ Sat \_\_\_ Sun \_\_\_

**Sibling's Name(s) & Age(s):** \_\_\_\_\_

**Allergies, Medical or Other Concerns:** \_\_\_\_\_

**Potty Training, Nursing, Etc.:** \_\_\_\_\_

**Snacks OK:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Phone)

**I hereby give my permission for my child(ren) to attend Family in Christ Community Church Nursery Program. I further give my consent for a leader of these programs to secure medical and surgical treatment for my child which may be considered necessary in the situation in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, in the event a parent cannot be reached.**

**Parent/Legal Guardian Signature:**

\_\_\_\_\_