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Child's Name: _____
Last *First* *Middle*

Name(s) of Parent/s or Guardian: _____

Address: _____

_____

Phone: _(___)_____ Child's Date of Birth: _____ E-Mail: _____

Would you like information regarding Baptism for any of the children named above: □ Yes □ No

Allergies or other factors which may limit your child's activity:

_____

_____

WOULD YOU BE INTERESTED IN?

□ Helping to Provide Coverage in the Nursery on a Rotating Basis
□ Helping in some other way with the Nursery