

**NURSERY / PRESCHOOL**  
**SPECIAL INFORMATION ABOUT YOUR CHILD**

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Date Visiting \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child's Name \_\_\_\_\_      Name Used in the Home \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Location of Parent in Church Building: \_\_\_\_\_

Guest of: \_\_\_\_\_

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Parents' Names \_\_\_\_\_      If not living with parents,

With whom does child live? \_\_\_\_\_

Father's Church Membership \_\_\_\_\_

Mother's Church Membership \_\_\_\_\_

Brothers and Sisters \_\_\_\_\_

Who may pick up your child (NOTE: siblings are not allowed to drop off or pick up)? \_\_\_\_\_

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**Medical Information**

Is your child potty trained?    Yes     No

Does child use special words to go to the bathroom? \_\_\_\_\_

Does your child have any physical or mental disabilities?    Yes     No     If yes, explain \_\_\_\_\_

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Does child have allergies?    Yes     No     If yes, explain \_\_\_\_\_

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I, \_\_\_\_\_ agree to volunteer one hour per month in the Nursery /  
*(Parent's signature)*  
Preschool area. For the safety and well being of all children, proper supervision is required at all times.