

Holy Spirit Catholic Church Nursery Registration Form



For Office Use Only:

Please complete and return to the Parish Nursery hours of operation.

Today's Date: _____

Child's Full Name

First

Middle

Last

Age: ____ Birthdate: ____/____/____ Gender: M F

Best Contact Phone#: _____ Parent's Email: *(required)* _____

Mother's/Guardian's Name

Cell #:

Home #:

First

Last

Mother's/Guardian's Name

Cell #:

Home #:

First

Last

Food/Medical Allergies:

Does your child have any special needs (certain behavior characteristics, speech problems, medical information, etc) so we can accommodate him/her? Please attach additional sheet if necessary.

Please list the person (besides parent listed above) who is authorized to pick up your child:

First

Last

Cell #:

Home #:

I would like to use the nursery texting service for contacting parents during Mass. I understand each time I use the parish nursery, I must set my phone to vibrate mode and leave the cell phone number with nursery staff as to which phone number I would like to be notified.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Relationship to Child

