

NURSERY REGISTRATION FORM

Breslau Evangelical Missionary Church Children's Ministry

Child's Name: _____
 Nickname: _____ Birth Date: _____

Significant Others

Mother: _____ Father: _____
 Siblings & Ages: _____
 Address: _____
 Home Phone: _____ Cell Phone: _____

Services usually attended: _____
 Where parents will be: _____
 Other Safe Adults: _____

My Favorite Things

_____ Blanket _____ Pacifier _____ Toy _____ Game/Songs _____ Other: _____

Snacks

Allergies: _____
 _____ Breast Fed _____ Bottle Fed
 Usual Feeding Times: _____
 _____ Are OK _____ Do not give _____ In diaper bag: _____
 Concerns: _____

Sleeping

Sleeping Times: _____ Sleeping Position: _____
 Likes to be: _____ Rocked _____ Put down awake _____ Walked _____ Other: _____
 When I'm Crying: _____
 _____ Does not sleep in morning

Diapering

Diaper size: _____ Training Pants: _____ Toilet Trained: _____
 _____ Change Diaper _____ Do not Change Diaper _____ Change only if soiled

Other Comments: _____

I give my permission to BEMC to keep the information above in records for the use of the BEMC Children's and Youth ministries. Yes No

I give my permission to BEMC to use my child's name and/or photo on material posted within the church. Yes No

I give my permission to BEMC to use my child's name and/or photo on material posted on the church website. Yes No

Parent's Signature: _____