

Orillia Alliance Church Nursery Registration Form

Child's name: _____ Nickname: _____ Date: _____

Parents or Guardian Information:

Name(s): _____

Languages used at home: _____

Mailing Address: _____ Postal Code: _____

Cell Phone Number: _____ Email: _____

Information about Child:

Date of Birth: _____ Age of Child: _____ Gender: M or F

Does your child need a nap? _____ If so, what time? _____

Does your child need a bottle? _____ Warmed or Cold

Snack: Can or Cannot have snack (rice cookies, cheerios, drink water)

Getting to know your child:

Favourite activities: _____

Does not like: _____

Any allergies? _____ Other health concerns? _____

Does your child have any special words for things that we should know (example: pacifier – sisis)

Anything else we need to know about your child? _____

Only these 2 additional people may pick up my child from nursery:

1. _____
2. _____

Emergency contact information:

A parent/guardian is expected to be on church property when their child is being cared for in the church nursery, unless under special circumstances.

Media and photo release form:

- ☐ I give permission for my child to have photograph taken
- ☐ I do not want photos taken of my child

Please ensure you keep your cell phone ON (vibrate) during the service in case we need to contact you.

Please be aware we are not allowed to change diapers – we will contact you if it needs changed.

Please pick up child when service is finished – we will not be bringing your child to you.

Parent/Guardian Signature: _____ **Date:** _____