



# Saint Thomas Church Nursery

*Child Registration*

Name (*last, first*) \_\_\_\_\_

Parents \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sunday Morning Contact Phone Number \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address(es) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Date of Baptism \_\_\_\_\_ (*If unknown, write baptized*)

Other information (Allergies, Medical Conditions, Behavior Notes, etc.)

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I give permission for photographs or video of my child to be used by the church for promotional or other purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date