



First Baptist Church

Nursery Registration Sheet

Child's Name _____

Birth Date _____ Today's Date _____

Significant Others:

Mother _____ Father _____

Siblings Names and Ages _____

Address _____

Phone Number _____

My Favorite Things:

___ blanket: _____

___ pacifier: _____

___ toy: _____

___ other: _____

Snacks:

___ Are OK: _____

___ Do not give: _____

___ Allergies: _____

___ In diaper bag: _____

___ Concerns: _____

Other notes about your child:
