



## St. John Lutheran Church Nursery

Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

Who can pick up your child?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_