

Child Information

Oak Grove Church Nursery Ministry

Child's Name:

Parent/Guardian Information

Name(s):

Home Address:

Telephone 1:

Telephone 2:

Email 1:

Email 2:

Would you like to receive a text at the telephone number(s) above, if your child requires your attention while he/she is in the nursery? Yes or No (circle one)

Child Information

Date of Birth:

Gender: M or F (circle one)

Does your child have any allergies? Y or N (circle one)
If yes, please explain:

Does your child have any medical concerns? Y or N (circle one)
If yes, please explain:

Favorite activities or soothing techniques:

Additional Comments: