

Date: _____

All Saints Nursery - Child / Parent Information

**Please Print Legibly*

Child's Name: _____
Last Middle First

D.O.B. _____

Mother's Name: _____
Last Middle First

Cell Phone #: _____

Email Address: _____

Father's Name: _____
Last Middle First

Cell Phone #: _____

Email Address: _____

Home Address: _____

Parent available to volunteer at least one Sunday per quarter? Yes: No:

Emergency Contact Information

Contact Name: _____ Relationship to Child: _____

Cell Phone #: _____

Child's Doctor: _____ Phone #: _____

Allergies: _____

Special Needs: _____

Liability Waiver Form

I _____ release All Saints Catholic Church of
Parents name

any liability regarding my child, _____ during
Child's name

the time my child attends All Saints Catholic Church

Nursery.

Parent Signature

Date