

BURLINGAME UNITED METHODIST CHURCH NURSERY INFORMATION CARD

BIRTH THROUGH 3 YEARS FOR THE YEAR 2008/2009

Parent(s) Name(s) _____

Do you worship here regularly? Yes or No

Home Phone _____

Cell Phone(s) (emergency) _____

Street Address (including Apt number) _____

City _____ Zip _____

Email _____

In an Emergency, at specified hours parent(s) are located?

(State either worship, name of Sunday school class or other activity and room number if known)

- At 8:15
- At 9:00
- At 10:00
- At 11:00

1st Time Visitor to Church? Yes or No 1st Time Visitor to Nursery? Yes or No

By initialing, I state that all of this information is correct. _____ Date: _____

First Child

Preferred First Name & Last _____

Male or Female

Birthday (mo/day/year) _____

Allergies/Special Information

Second Child

Preferred First Name & Last _____

Male or Female

Birthday (mo/day/year) _____

Allergies/Special Information