

**Fort Foote Baptist Church Nursery
Child's Data Sheet**

Date: _____

Child's Name: _____

Child's Date of Birth: _____ Age: _____

Parent(s)/Guardian(s) Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number(s): _____

Authorized person(s) to pick up your child and relation to the child (other than parent/guardian listed above) _____

Does your child have allergies? _____ If yes, please list. _____

Is your child toilet trained? _____

Please write any additional important information about your child for nursery volunteers to know. _____

Emergency Contact Information (Name/Address/Phone Number): _____

WE REQUIRE THAT ALL PARENTS/GUARDIANS THAT USE THE NURSERY SERVICES VOLUNTEER FOR A MINIMUM OF ONE (1) SUNDAY A MONTH.

