



Bethany UCC - Randolph, VT - 728-5849

Nursery Registration

Date: _____

Parents'/Guardian's Name: _____

Address: _____

Phone: _____ **Email:** _____

Child's Name: _____

DOB: _____ **Age:** _____

Allergies: _____

Are crackers, pretzels and apple juice an acceptable snack for your child?

Yes ___ No ___ (If not, please make sure to bring a snack, if you would like them to have one.)

Does your child have a favorite stuffy or blanket? Yes ___ No ___

What are your child's favorite kinds of toys? _____

What are your child's fears and/or dislikes: _____

What comforting techniques generally work with your child? _____

Does your child drink breast milk or formula? _____

Does your child have a sibling or siblings that also attend our facility? _____

If so, please write name and age: _____

Anything else you think we should know? _____

July 2009