



The Nursery at Allen Temple Child Registration Form

Each Child Must Have Their Own Form

Please Print Clearly • Please Complete Both Sides of This Form

Date

**Child's Name
(First and Last)**

Age

Date of Birth

Any Known Allergies

Medications

Does your child have special needs?

Yes

No

If yes, what are they?

Parent/Grandparent/Legal Guardian Information

Name

Relationship to Child*

Address

City/State/Zip

Home Phone

Cell Phone

Work Phone

Email

***If not parent or legal guardian, please provide parent name & phone number**

TURN OVER



The Nursery at Allen Temple Child Registration Form

Each Child Must Have Their Own Form

Please Print Clearly • Please Complete Both Sides of This Form

Additional Persons Authorized to Pick Up Child From Nursery

1. Name

Relationship to Child

2. Name

Relationship to Child

3. Name

Relationship to Child

Is there anyone with a restraining order who is not allowed to be near the child?

Yes

No

What is their name and a description (*physical description and vehicle description*)? Please provide a photograph and a copy of the restraining order to be kept on file and shared with our Security Ministry. This information will be kept in the strictest of confidence.

I understand that while my child is in the care of The Nursery at Allen Temple that I cannot leave the Allen Temple Baptist Church Campus

Printed Name

Signature

Date

TURN OVER