



# NURSERY REGISTRATION

**FAMILY LAST NAME:** \_\_\_\_\_

**CHILD'S FULL NAME:** \_\_\_\_\_ AGE \_\_\_\_\_  
\_\_\_\_\_ AGE \_\_\_\_\_  
\_\_\_\_\_ AGE \_\_\_\_\_  
\_\_\_\_\_ AGE \_\_\_\_\_

**NAME OF PARENT/GUARDIAN (1):** \_\_\_\_\_

**NAME OF PARENT/GUARDIAN (2):** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**PARENT (1) PHONE:** \_\_\_\_\_

**PARENT (2) PHONE:** \_\_\_\_\_

Is Family registered at St. Elizabeth Ann Seton Parish?    Y    N

**EMERGENCY CONTACT INFORMATION: (Not Parent or Guardian)**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ALLERGIES OR MEDICAL ISSUES:**

Please list any allergies or medical issues that we need to be aware of during your child's time in the Nursery.

By signing below, I acknowledge that I have received a copy of the Nursery Policy for Saint Elizabeth Ann Seton and agree to its terms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_