



# GOOD SHEPHERD CATHOLIC CHURCH NURSERY REGISTRATION FORM

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

**PARENT NAMES**

**Father:** \_\_\_\_\_ **Mother:** \_\_\_\_\_  
First Last First Last

**CONTACT INFORMATION** (Child's Primary Residence):

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
First Last

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
First Last

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
First Last

**Others authorized to pick up above child/children from the Nursery on parents' behalf:** € NONE

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
First Last First Last

**Relationship:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Medical Conditions or other Critical Information for Nursery Volunteers:** € NONE

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