

# WELCOME TO THE PMC NURSERY

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## PMC NURSERY REGISTRATION

NAME OF CHILD \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

PARENTS / GUARDIAN NAME(S) \_\_\_\_\_

PARENTS / GUARDIAN EMAIL \_\_\_\_\_

**TEXT/CALL NUMBER TO REACH YOU WHILE YOUR CHILD IS IN THE NURSERY.**

PLEASE TEXT \_\_\_\_\_ / PLEASE CALL \_\_\_\_\_

NURSERY VOLUNTEER'S HAVE PERMISSION TO CHANGE MY CHILD'S DIAPER (CIRCLE ONE)    **YES**    **NO, PLEASE CALL ME**

ALLERGIES / SPECIAL INSTRUCTIONS:

Please return this form to Mia Yoder. Thank You.