

WELCOME TO THE PMC NURSERY

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: