



Davie United Methodist Church  
Children's Ministry

6500 SW 47 Street • Davie, Florida 33314 USA • 954-581-0920  
Senior Pastor: Rev. Zig Bays

Nursery Registration / Information Form

Child's Full Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Name of Parent(s) or Legal Guardian(s):  
\_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Numbers where I may be reached: \_\_\_\_\_ or \_\_\_\_\_

Primary email: \_\_\_\_\_

**Emergency Contact Information:** A parent/guardian is expected to be on church property when their child is being cared for in the church nursery, unless under special circumstances.

List everyone that MAY pick up your child: \_\_\_\_\_

List everyone that MAY NOT pick up you child: \_\_\_\_\_

Has your child ever been left in a child care nursery before?     Yes     No

Allergies: \_\_\_\_\_

List any known medical problems we should be aware of: \_\_\_\_\_

List any specific likes/dislikes, words for things, activities, etc. that we should know:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s):

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_