

ST. TIMOTHY'S CHURCH **LITTLE LAMBS NURSERY REGISTRATION FORM**

Child's Name: _____ Nickname: _____ Age: _____

Parent's Cell Number: _____ Service Parent(s) attending: 9:00 or 11:15

Child's Birth Date: _____ Today's Date: _____

Mother's Name: _____ Father's Name: _____

Address: _____

Home Phone: _____ Email address: _____

Other Safe Adults Who I Can Go Home With: _____

SOME OF MY
FAVORITE THINGS



Blanket			My Diaper Size is:	
Pacifier			When I'm sleepy try:	
Toy				
Game			When I'm crying try:	
Song				
Snack in my diaper bag			Special Concerns:	
Other				

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