

WUMC Nursery Enrollment Card Today's Date ___/___/___

Child's name _____ Birth date ___/___/___

Mother's Name _____ Dad's Name _____

Street Address _____ City _____

Zip _____ Phone _____ Email _____

Circle one: Visitor Regular Attendee Member Services usually attended: 8:45 10:45

Please check what applies to your child:

*My favorite things

___ blanket

___ car seat

___ pacifier

___ toy

___ game/song: _____

___ other: _____

*Snacks

___ are okay

___ do not give

___ allergies: _____

___ in diaper bag: _____

___ nursing infant

___ bottle@ _____

Diaper size: _____ Potty training: _____

When I am sleepy: _____ When I am crying: _____

Special Instructions: _____

Adults that may Check Me out of Nursery _____