



Registration Form

Holy Bible Baptist Church
Nursery Department
64-70 College Ave
Somerville, Mass 02144

Childs Full Name: _____ Childs Nickname: _____

Parent or Guardian Information

Parent/ Guardian Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Parent: Are you a member of Holy Bible Baptist Church? Yes or NO

If yes, what is your tithe box number # _____

Information about the child

Date of birth _____ Age as of 9/ _____ Gender M or F

Napping schedule _____ Bottle _____ can or cannot have crackers

Favorite activities

Does not like

Is allergic to

Is upset by

Other comments

Only these 2 additional people may pick up my child from the nursery

1. _____

2. _____

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.

Parent/ Guardian Signature: _____ Date: _____