

Registration Form St. Philip's Nursery

Today's Date: _____

Child's Birth Date: _____

Child's Name: _____

Parents: _____

Address: _____

Home Phone: (____) _____

Email Address: _____

Please list any allergies or special needs we need to be aware of to better care for your child:

Would you be interested in volunteering in our nursery? ____yes ____no



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