

GRACE CHURCH in NEW YORK
Nursery Registration Form

Return completed form to: Asha Veal, Grace Church in New York; 802 Broadway; New York, NY 10003
or send via email to: veal_likethemeat@yahoo.com or fax to: 212-673-4938

CHILD'S INFORMATION:

Child's name: _____
Home Address: _____
Home telephone: _____
Date of Birth: ____/____/____

PARENT'S INFORMATION:

	FATHER	MOTHER
Name:		
Email Address:		
Cell Phone #:		

OTHER INFORMATION:

Does your child have any allergies or health conditions we need to be aware of?

Are there any other issues we need to be aware of (i.e. learning style, etc.)?

How did you hear about Grace Church's Nursery program?

If you are not a registered parishioner, would you like to become one or receive information about becoming one? _____

(Parent's signature)

(date)