

Higher Ground Baptist Church

Nursery Questionnaire

Parents/guardian please be very specific when describing your child and his/her needs. This is so we can provide them with the best care possible. Thank you for your cooperation.

Name: _____ Nickname: _____

Birth Date: _____ Age: _____

Parents /Guardian Name:

Mother: _____ Phone #: _____ Mobile #: _____

Father: _____ Phone #: _____ Mobile #: _____

Guardian: _____ Phone #: _____ Mobile #: _____

Address of Mother/Father/Guardian: _____ (Optional)

Others Allowed to Pick Up Child from Nursery (Must have original signature).

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Is your child toilet trained: Yes or No

If Yes, do you give us permission to assist your child using the toilet? Yes or No

If No, may we change your child's diaper Yes or No

Food Allergies: Yes or No, If yes please list: _____

What calms your child down if upset: _____

Describe your child's personality: _____

Special needs of your child: _____

Other important information: _____

At times we photograph children at church to update our website and for other church materials. We request your permission to photograph your child. Is it OK to photograph your child? Yes or No

I have read and received a copy of the Higher Ground Baptist Church Nursery Rules dated November 28, 2010.

Print Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____