

ZION MENNONITE NURSERY SCHOOL
My Toddler and Me Registration

Child's Name _____
(First / Last)

Address: (please include town): _____

Phone Number: (_____) _____ **Birth Date:** _____

Main Email Address: _____

Allergies: _____

Medical Concerns: _____

Brothers and sisters and their birth dates:

Has your child had any previous group experiences, such as Nursery School or Sunday School, and if so, what kind?

Is either parent a member of Zion Mennonite Church? Yes No

Home Church: _____

_____ Yes, you have my permission to use my child's pictures in church publications and website.

Signature: _____ **Date:** _____