



**Holy Spirit Lutheran Church**  
*"Building Community  
 in Christ"*

# Nursery Registration Form 2011-2012

10021 NE 124<sup>th</sup> St. Kirkland, WA 98034  
 (425) 823-2727 [www.hslckirkland.org](http://www.hslckirkland.org)

Child's Name: \_\_\_\_\_ Nickname (if applicable): \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Baptism Date (if applicable): \_\_\_\_\_

Guardian #1 Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Guardian #2 Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Siblings: \_\_\_\_\_

Nursery Age Friends: \_\_\_\_\_

Comfort items: \_\_\_\_\_

Any Known Allergies (food, environmental, etc.): \_\_\_\_\_

Child's personality traits or special needs/challenges that may help us work more effectively with your child: \_\_\_\_\_

Any other health concerns nursery staff needs to be aware of: \_\_\_\_\_

Adults authorized to pick up your child: \_\_\_\_\_



\_\_\_\_\_ (PARENT/GUARDIAN INITIAL) I GIVE MY PERMISSION TO HOLY SPIRIT LUTHERAN CHURCH TO USE PHOTOGRAPHS OF MY CHILD IN ITS PUBLIC DISPLAYS OR MEDIA RELEASES. I UNDERSTAND THESE PHOTOGRAPHS WILL NOT BE SOLD OR USED FOR COMMERCIAL PURPOSES.

IF I CANNOT BE REACHED, I GIVE PERMISSION FOR NURSERY STAFF TO CALL FOR MEDICAL ASSISTANCE AND/OR TRANSPORT MY CHILD TO A LOCAL MEDICAL FACILITY AND SEEK TREATMENT WHILE IN NURSERY CARE.



Signature: \_\_\_\_\_

Date: \_\_\_\_\_