



Little Lamb Nursery

CHILD REGISTRATION FORM

Child's Name: _____

DOB: _____ Today's Date _____

Parent(s)/guardian(s) name: _____

Does your child have any medical, social, or physical problems that we should know about?

Please explain: _____

Is your child allergic to anything? Please explain: _____

My child prefers to play: Alone With other Children With other adults With siblings

What are your child's favorite toys/activities (*please circle all that apply*)?

Legos Balls Music Books Figurines Exercise Coloring Crafts Blocks

Play Dough Story Time Sing Along Songs Stuffed Animals Other: _____

Does your child use a: Bottle Pacifier Special Blanket Toy etc...Please explain if necessary _____

Additional comments: _____

Who is authorized to pick up your child (the person must be 13 years or older)?

1. _____ 2. _____

3. _____ 4. _____