

1 _____ 2 _____ 3 _____ 4 _____



NURSERY REGISTRATION FORM

PARENT NAME(S) _____

Are the child's parents members of High Pointe? (circle one) YES NO

If you answered, YES, please give the approximate month and year. _____

PHONE 1 _____ PHONE 2 _____

Note: We will text you if you're needed during service. Keep phone out and on silent.

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

INFORMATION ON YOUR NURSERY-AGE CHILDREN Babies thru Pre-kindergarten.
Please note: Kinder thru grade 4 attend KidsPointe during morning worship.

NAME(S) - First and Last BIRTHDATE AGE

NAME(S) - First and Last	BIRTHDATE	AGE

FOOD ALLERGIES/SPECIAL NOTES for EACH CHILD (Continue on back, if needed.)
