



2016-2017

Nursery Registration Form

Return completed form to Calvary Lutheran Church:

Attn: Nursery bduncan@calvary.org

763.231-2949 763.545.6953 fax

Calvary Lutheran Church 7520 Golden Valley Road Golden Valley, MN 55427

This form is also available and can be completed at Calvary's website in the nursery page.

Child's Name _____ Birth date: _____

Parent(s)/Guardian(s): _____

Street Address: _____ City: _____ Zip: _____

Phone Number: () _____ E-mail: _____

Please circle which times you plan to bring your child to the nursery:

Sunday's			Wednesday		Thursday
9:00	10:30	11:15	choir	confirmation	6:30

To better minister to the needs of your child, please respond to the following:

Allergies and/or other medical concerns: _____

What is your child's social behavior? Shy Friendly Cautious Outgoing

Do you anticipate any separation problems? Yes No

Along with a diaper bag, consider bringing a favorite comfort item.

Please label bags, cups, and other items your child will keep with them.

For more hints on separation, please pick up a information sheet in the nursery.

Parent volunteers are essential to our nursery!

Please list the Worship Service time during the months September-May and the weekend of the month that you will be willing to assist in the Nursery.

Safe Haven Training must be completed before volunteering.

Parents: Have you completed Safe Haven Training? Yes No

Would you like information on upcoming trainings? Yes No

Months (Sept. -May)	Worship Service Time	Weekend of Month
1. _____	(9:00, 10:30, 11:15)	1st _____
	1st Choice _____	2nd _____
2. _____	2nd Choice _____	3rd _____
	Holiday Services	4th _____
3. _____	_____	No Preference _____

Office info- date received _____

volunteer _____