

St. John Paul II "Beloved Bunch"
Parishioner's Faith Nursery Registration Form

Child's Full Name: _____

Preferred Nickname: _____ Date of Birth: _____

Parents/Guardians' Names: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Email: _____

Mom's Cell: _____ Dad's Cell: _____

Usual location seated in Mass: _____

Child's Allergies: _____

Child's Special Needs: _____

Other Adults allowed to pick-up your child:

1. _____ 2. _____

Who will be volunteering monthly in the faith nursery?

Parents who regularly utilize the nursery are asked to please volunteer their time and talent.

Mother only Father only Both on same day Both on different days

- Has the mother completed the Volunteer Application? Yes No
- Has the mother completed Safe & Sacred online? Yes No
- Has the father completed the Volunteer Application? Yes No
- Has the father completed Safe & Sacred online? Yes No

Parent Signature: _____ Date: _____

Nursery Volunteer: _____ Date: _____