

SCCC Family Registration



Parent(s)/Guardian(s) Contact Information

Guardian #1: _____ Relationship to Child: _____

Phone: _____ Email: _____

Address: _____

Guardian #2: _____ Relationship to Child: _____

Phone: _____ Email: _____

Address: _____

Child's Name	Date of Birth	Age & Grade	Gender	Allergies
	/ /		M F	
	/ /		M F	
	/ /		M F	
	/ /		M F	
	/ /		M F	

1. Do you live on island? Yes No If yes, how long? _____

2. Do any of your children require special accommodations? Yes No

If yes, explain:

3. Do any of your children have any medication concerns or conditions we should know about?

Yes No

If yes, explain:

4. Would you like more information about volunteering at St. Croix Christian Church? If yes, please check interests:

Praise & Worship Audio/Visual Team Children's Church/Nursery Intercessory Prayer
 Greeters/Ushers Youth Ministry Life Group Leader Other: _____

**Children will only be released with parent or guardian listed on this form.

Welcome to the Nursery!



Baby's Name: _____

Parent Name: _____ Phone: _____

Allergies: _____

Please check all that apply so we can do our very best to make sure your child is well cared for.

- | | |
|---|--|
| <input type="checkbox"/> Can sit up unsupported | <input type="checkbox"/> Please change diaper if needed |
| <input type="checkbox"/> Can sit up with support | <input type="checkbox"/> DO NOT change diaper - Call me to change it |
| <input type="checkbox"/> Can pull themselves up to a stand | <input type="checkbox"/> Text me if my baby cries for more than 10 minutes |
| <input type="checkbox"/> Can walk by him/herself | <input type="checkbox"/> Try to settle my baby, but text me if they don't settle in 15 minutes |
| <input type="checkbox"/> Has a bottle in their bag | <input type="checkbox"/> I would like more information on being a volunteer |
| <input type="checkbox"/> Has a sippy cup in their bag | |
| <input type="checkbox"/> Please call if they need to be fed | |
| <input type="checkbox"/> Has a pacifier in their bag | |

Other: _____

Welcome to the Nursery!



Baby's Name: _____

Parent Name: _____ Phone: _____

Allergies: _____

Please check all that apply so we can do our very best to make sure your child is well cared for.

- | | |
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Other: _____