



SAINT PETER'S CHURCH, LEWES
2017 NURSERY REGISTRATION

NAME OF CHILD:

_____ BIRTH DATE _____
_____ BIRTH DATE _____
_____ BIRTH DATE _____

NAME(S) AND ADDRESS OF PARENT(S):

CELL PHONE: _____ EMAIL: _____

ANY FOOD/OTHER ALLERGIES (Name of Child, Allergy, etc.):

MY CHILD HAS SPECIAL NEEDS (Please explain):

ANY OTHER INFORMATION WE NEED TO KNOW: _____

Parent's Signature: _____ Date: _____