

CRIBBERY/TODDLER/TWO REGISTRATION FORM

Age _____ Date of Birth _____

Participant's Full Name _____ Nickname _____

Address, if different from Parent Registration Form:

Are you interested in having your child baptized? _____

Others Living in Participant's Home:

Name	Relationship	Age (of siblings)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies? Y or N

If yes please describe _____

Medications? Y or N

If yes please describe _____

Is your child nursed or bottle-fed? _____

If nursed, will your child accept a bottle? _____

Anything else we should know? _____

Parent/Guardian Signature _____

Date _____