

Child and Youth Safety Policy

Memorial Presbyterian Church - St. Augustine, Florida

Nursery Child Profile

Child's name: _____

Child's birth date: _____

Parents' names: _____

Address: _____

City & ZIP code: _____

Phone number: _____ Cell: _____

Email address: _____

Potty trained: Yes No Training

Emergency Contact:

(FIRST AND LAST NAME)

(CELL PHONE)

(HOME/WORK PHONE)

ALLERGIES: _____

Is there any other medical information you feel Memorial's staff should know in case of an emergency?

Who is authorized to pick up this child? _____

Parent/Guardian signature : _____

Date: _____