

LOGO	<b>Nursery Connection Card</b>			
	Child's First Name		Circle One: Boy    Girl	Today's Date
	Child's Last Name		Birth Date /    /	Age
Address		City	State	Zip
Full Name(s) of Parent/Guardian			Relationship to child	
Address for Parents/Guardian <i>(if different from above)</i>		City	State	Zip
Day Phone	Evening Phone		Mobile Phone <i>(in case of emergency)</i>	
Email for Parents/Guardian				
Child's Needs <i>(Please check those that apply)</i> <input type="checkbox"/> Nursing <input type="checkbox"/> Bottle <input type="checkbox"/> Cup <input type="checkbox"/> Pacifier <input type="checkbox"/> Special blanket/toy <input type="checkbox"/> Eats crackers/cereal				
Does your child have any allergies, food restrictions, or special needs? <i>(Use the back of this form if necessary)</i>				
After the third visit, add the child to the registration sheet <input type="checkbox"/> First Visit <input type="checkbox"/> Second Visit <input type="checkbox"/> Third Visit <input type="checkbox"/> Update Information				

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