

Date Submitted: _____

University Presbyterian Church VBS Nursery Information Form

Child's name: _____

Child's age: _____

Please circle the days your child will be in the VBS Nursery:

Mon Tues Wed Thurs

Parent name: _____

Your location at VBS (i.e. 4th grade class teacher, Craft Center, etc.):

Contact number while at VBS (cell phone): _____

Does your child have any allergies? If yes, please describe.

Special instructions (for feeding, snacks, diaper changes, naps, etc.):