

Welcome to the Saint Thomas Parish Nursery

(Please fill out this form so that we can get to know your child better and know how to contact you.)

Full Name of Parent(s):

Mother: _____ Father: _____

Cell phone: _____ Cell phone: _____

Name of Child(ren):

1st child _____ Birthdate: _____

List allergies: _____

Favorite Activities: _____

2nd child _____ Birthdate: _____

List allergies: _____

Favorite Activities: _____

Location where you typically sit in Church: (Please circle section and which area)

West Transept
(choir area)

Ambo Section
front
middle
rear

Altar Section
front
middle
rear

East Transept
(near statues)

I agree to the following procedures:

- 1) I understand that it is expected that my child(ren) must be dropped off and picked up by a parent.
- 2) I will pick up my child no later than 10 minutes after Mass has ended.

Parent signature: _____ Date: _____

