

ADVENT NURSERY REGISTRATION

Child's Name: _____ Preferred name: _____

Probable placement in nursery:

_____ Infant room _____ Toddler room _____ Two year old room

Birthdate: _____

Parent's names:

Mother: _____

Father: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Email: _____

Member of the Advent? _____

Does this child have any special needs or health problems of which we should be aware?

Would you be willing to volunteer occasionally in the nursery? _____

For more information about the Christian Education program at the Cathedral Church of the Advent, please feel free to call the Christian Education Office at 226-3547.

**Please return this form to: Eva Beard
Cathedral Church of the Advent
2017 6th Avenue North
Birmingham, Alabama 35203**