



St. Matthew Catholic Church
 8015 Ballantyne Commons Parkway
 Charlotte, NC 28277

Nursery Registration

Date _____

Parish ID/Envelope Number _____

Parish Center New Life Center Waxhaw Location **9:30 am** **11:00 am**
 9:00 am Mass 10:45 am Mass 12:30 pm Mass
 Moms Group Faith Formation First Friday LYS CSS
 SPRED Newcomers RCIA Workshops Counseling Back to Basics
 PGC Other _____

Family Last Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Phone Number: _____ E-Mail address: _____

Father's Name: _____ **Mother's Name** _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Child's full Name: _____

Male Female Date of Birth: _____ Age: _____

Illnesses (Check all that apply and explain below for each one checked):

Asthma Diabetes Convulsions Epilepsy ADD/ADHD Other None

Allergies (Check all that apply and explain below for each one checked): EPIPEN yes no

Animals Insect Bites/Stings Food Medicines Plants Other _____

Child's full Name: _____

Male Female Date of Birth: _____ Age: _____

Illnesses (Check all that apply and explain below for each one checked):

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Animals Insect Bites/Stings Food Medicines Plants Other _____

Child's Physician: _____ Phone # _____

(This is precautionary information that must be on file. You will be summoned from Mass/your location)

If I cannot be reached in case of an emergency, the bearer of this form is authorized to act on my behalf to seek medical treatment as they deem necessary for the above-named child/children.

Father's Signature _____ **Mother's Signature** _____