



Nursery Information Sheet
Hope of Christ Church

Today's Date _____ Child's Full Name _____

Name Called _____ Age _____ DOB _____

Address _____

Cell Phone
Number _____

Email
Address _____

Name of Parent (s) or Guardian (s) _____

Other Family Members in the Church _____

Please describe your child's diapering or restroom needs by checking what applies.

My child is:

- in diapers.
- beginning potty training and needs to be reminded to use the restroom often.
- potty trained but still has accidents occasionally.
- potty trained.

Please list any know allergies _____

Please share any special instructions for your child (bottles, feeding times, comfort items, etc.)

Ministry Vision Statement:

We desire to encourage children to know their creator God and their need of redemption through the gospel of Jesus Christ. We work toward this goal by immersing them in Scripture and teaching them how to pray, worship, and learn to love their neighbors as they grow in their understanding of God's grace. We also encourage and support families through discipleship and offering practical support as they seek to instruct their children in the precepts of the Holy Scriptures.