

**Cathedral of the Rockies**  
**Nursery Information Sheet**

Child's Full Name: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Pediatrician Name: \_\_\_\_\_

Pediatrician Phone Number: \_\_\_\_\_

Pediatrician Address: \_\_\_\_\_

\_\_\_\_\_

Hospital in case of emergency: \_\_\_\_\_

Does the church have permission to authorize medical care in your  
absence? \_\_\_\_\_Yes \_\_\_\_\_No

Allergy/Medication/Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**Safe List People:**

Please list the names and phone numbers of individuals, not a  
parent, who are allowed to pick up your child. Photo Identification  
will be required for your Safe List people.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_