

## Welcome ... We're glad you're here!

V	isitor Informa	tion Form	Today's date:/				
Name(s):	(First)		Em	ail:			
	(First)	(Last)	_				
	(First)	(Last)	Em	ail:		_	
Address:			Pho	one: (home)			
				Our Membership Coo	rdinator would like to follow u	ıp	
DI 1.4		1 1 4E 4E 11	D 11	about your experience  □ phone	e. Please indicate your preferen  — email — no con		
	-	ard about First Parish in Newspaper □ Neighborhoo		_	ther		
Have you	been a part of a Unit	arian Universalist cong	regation befor	e?			
☐ Yes. W	Thich one?			☐ No. I am ne	w to Unitarian Universalism	1.	
I would li		by (check all that app the Music Director	ly)	☐ the Minister			
the end of feel free to	the hallway to meet yo	ou, answer any questions, er Scholl, Director of Re	and direct you	to the proper class	the R. E. Bulletin Board a sroom and teacher. Please arishinbrookline.org or		
	<b>Guest Registr</b>	ation for Religio	us Explor	ation (Sund	ay School)		
	•	igious Exploration Progr teacher. For children a		•	lren to their classrooms ane reverse also. =>	ınd	
Child	(ren)'s Name(s)		Age	Birth Date	Grade Equivalent		
1.							
2.							
3.							
Emergence	y Phone:	Home Phon	e:	Cell Pho	ne:		
Responsib	_				Other		
	Any Food or D			any Special Needs			
		listed to participate in Relignust remain on church prop			arish in Brookline. I		
Signature				Date			
					ne □ cell phone □ email		

## **NURSERY / PRE-SCHOOL REGISTRATION 2016-2017**

## For Children 0-5 years of age

Welcome to our Nursery / Pre-School! We hope that your baby or child enjoys their time with our loving Care Providers. Before leaving your child for the first time, it is required to fill out this form and leave it with the Nursery / Pre-School Care Providers of the day. Also, please take your child to the toilet/change their diaper before leaving them. If you have any questions or concerns, contact Rebecca Keller Scholl at (617) 566-1933, extension 15, or <a href="mailto:dre@firstparishinbrookline.org">dre@firstparishinbrookline.org</a>.

Child's Name				
Likes to	be called _			
Birthdate	A	.ge	<del></del>	
Food, Drug or	Other Allergies	S:		
mall snack is provide ck for them to eat.	•		•	llergies, please b
Special Needs	/Concerns:			
sery / Pre-School st	aff will take childr	en to the restroo	m or change dia	pers as needed.
	My child is _	_ in diapers	potty tra	ained
Signature:			·	
Date:	F	mail address:		