



### Nursery Registration

Child's Name \_\_\_\_\_  
Last First

Birthdate \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Cell # to contact \_\_\_\_\_

Any known allergies \_\_\_\_\_

Any health/physical considerations \_\_\_\_\_

Any other comments or concerns \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our Savior's Lutheran Church  
612 Division St.  
La Crosse, WI 54601  
608.782.3468  
[www.oursaviorslutheranchurch.net](http://www.oursaviorslutheranchurch.net)