



Noah's Nursery

Moraga Valley Presbyterian Church

Enrollment Form

Infants through 24 months

Child's Name _____ Birthdate ____ / ____ / ____

Address _____ Phone _____

City _____ Zip _____

Parents' Names _____

Member of MVPC? Yes No

Email _____

IMPORTANT: On the back, please note any special considerations (allergies, dietary restrictions, handicaps, medications, shyness, hyperactivity or other concerns) that would better help the Noah's Nursery staff meet the needs of your child.