

Policy Provided _____

Date: _____

CHILD INFORMATION SHEET

PLEASE PRINT

Child's Name _____

Name of person who brought child today _____

Date of Birth (month, day & year) _____

Parent's Names _____

Street _____ City _____ zip _____

Mailing Address (if different) _____

Phone Numbers (Home) _____ (Cell) _____

Email Address _____

Only these 2 additional adults may pick up my child (optional):

1. _____ 2. _____

Custodial concerns? (Please circle) YES NO See Policy

Photo consent? (Activity photos will be taken on occasion) (Please circle) YES NO

Allergies? YES NO If Yes please describe _____

Food Restrictions? YES NO If Yes please describe _____

This section for Nursery age only: Complete as needed:

Child is in _____diapers _____pull-ups _____underpants

Is child _____ potty trained or _____ in the process of being potty trained?

Child may need a nap by _____ (time)

Prefers to sleep on _____back _____side _____stomach

Child may need to eat by _____ (time) _____ bottle _____nursing

If on a bottle, how often does baby need to be burped? After _____oz

Any other special instructions for feeding _____

Favorite activities: _____

(ex: swing, bouncy seat, crawling, etc)

Please provide any other information we need to know to care for your child properly:

