

In order to provide the best possible care for every child, we ask all families to complete this form (one form per child).

Child's						Preferre	nd		
Full Name						Name	eu		
Child's Date						Child's			
of Birth						Age			
Name of						Cell			
Parent/Guardian						Phone			
Additional						Cell			
Adult Contact						Phone			
Address	Street	State	Zip						
Diapering Needs:		Please		change	a diap	er / i	nform me		
Is the Child Potty Trained?		1	No	/	Needs	Help	/	Yes	
Baby Feeding Instructions:									
Does the Child Have Any Known Allergies?		If Yes, Please Li	st:	No	,	,	Yes		
Has the child been left in a child care nursery before?				No	,	/	Yes		
Please note any special words the child uses for things that we should know									
Any Other Instructions or Information:									
Media and Photo R * We like to photog in printed publication policy not to identify I hereby do / stated above.	graph the mons. Doing	so helps to reco by full name who	rd our hist en sharing	tory and a photogra	share tl aphs us	ne life of t ing any o	the congreg f these med	gation with othe	ers. It is o
Printed Name:			_ Signatı	ure:				Date:	