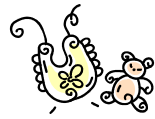




Child Care Information₀₉₋₁₀



Child's Name _____ Birthday _____

Parents _____ Cell Phone # _____

Only these 2 additional people (Over 18) may pick up my child from the nursery:

Name _____ Relationship _____

Name _____ Relationship _____

____ Bottle ____ Sippy Cup ____ Cup ____ Can ____ Cannot have Baby Puffs

____ Can ____ Cannot have goldfish ____ Can ____ Cannot have animal crackers.

Allergies _____ Other _____

Special Notes: _____

Infant Information

Likes to:

____ Crawl ____ Practice Walking ____ Be Held ____ Rocked

____ Other _____

Favorite Activity

Does not Like

Is upset by

Special Notes: _____