



NURSERY INFORMATION FORM

Please fill in the form below to help us to provide the best care for your child.
Please keep it updated as the needs of your child change.

Child's Full Name		Preferred Name	
Child's Date of Birth	/ / 20	Child's Age	
Mother's Name		Mother's Cell Phone	() -
Father's Name		Father's Cell Phone	() -
Address	Street		
	City	State	Zip

If we need you to return to the nursery should we (check 1):	<input type="checkbox"/> Phone mother's phone first (keep it on vibrate mode) <input type="checkbox"/> Phone father's phone first (keep it on vibrate mode) <input type="checkbox"/> Please come and get me
Diapering Needs Do you wish us to:	change a diaper / inform me
Is your child potty trained:	No / Needs Help / Yes
Baby Feeding Instructions:	
Can we give your child a drink?	No / Yes / I will provide
Can your child receive a snack?	No / Yes / I will provide
Does your child have any allergies?	No / Yes - give details:
Any other instructions/information?	

Sign & Date:	/ / 20
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