



NURSERY INFORMATION FORM

Please fill in the form 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: _____ Child's Age: _____

Mother's Name: _____ Cell Number: _____

Father's Name: _____ Cell Number: _____

Address: _____

If we need you to return to the
nursery should we? (Check One):

- ____ Phone Mother's Cell (Keep it on vibrate)
____ Phone Father's Cell (Keep it on Vibrate)
____ Please Come and get me

Diapering Needs Do you wish us to:

____ Change a Diaper ____ Inform me

Is your child potty trained:

____ No ____ Yes ____ Needs help

Baby feeding instructions:

Can we give your child a drink?

____ No ____ Yes ____ I will provide

Can we give your child a snack?

____ No ____ Yes ____ I will provide

Does your child have any allergies?

____ NO ____ Yes Give details

Any other instructions or information?

Sign: _____

Date: _____