

## Church Nursery Information Sheet

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

MOM \_\_\_\_\_ DAD \_\_\_\_\_

CELL \_\_\_\_\_ CELL \_\_\_\_\_

Home Address \_\_\_\_\_

E-Mail \_\_\_\_\_

### Infant Instructions: Circle the one that best applies

My child is:      Breast-fed      Bottle-fed      Drinks from cup

Feeding Position:    Held      Rocked      Other: \_\_\_\_\_

Amount my child drinks: \_\_\_\_\_ oz

Burp my child:    after \_\_\_oz      half way through feeding      after feeding

Feeding time: \_\_\_\_\_

Sleeping position:    Back      Stomach      Other: \_\_\_\_\_

### Toddler Instructions:

May your child have the Nursery Snacks?    YES      NO

Food Allergies? \_\_\_\_\_

Is your child toilet-trained?      YES      NO

Will they ask to go to the toilet?    YES      NO

What words do they use to indicate bathroom need? \_\_\_\_\_

Other Instructions:

I have read and understand the Policy and Procedure guidelines for the Children's Ministry

Print Name \_\_\_\_\_

Signature \_\_\_\_\_