

Gospel Tabernacle

Nursery Care Information Sheet

PARENTS

Please fill out this sheet completely before leaving your child with us. If conditions regarding your child change in the future you should fill out a new *Nursery Care Information Sheet*. Our nursery workers desire to provide the very best care possible for your child. Your help is most appreciated.

CHILD INFORMATION

Child's Name _____ Birthday _____

Parent's or Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

BABY FEEDING

- Is your baby bottle-fed or breast-fed? Usual feeding time _____ am pm
- Other helps _____

TODDLER FEEDING

- Can he or she have crackers and Juice? Yes No
- Anything the child should not eat or drink? Yes No Explain _____
- _____
- Other helps _____

USUAL SLEEPING SCHEDULE

- Times _____
- Sleeping position? stomach back side May the toddler take a nap? Yes No
- Does he or she like to be rocked or just laid down?

OTHER

- Is the toddler toilet trained ? Yes No
- How is the child best comforted? _____
- Describe any know allergies. _____
- Other helpful information. _____