

FIRST BAPTIST CHURCH GANTT
MAKING JESUS KNOWN BY
INTENTIONAL
LEARNING LIVING LOVING LIFTING

NURSERY INFORMATION SHEET

TO PARENTS:

PLEASE KNOW THAT YOUR CHILDS SAFETY AND WELL BEING IS VERY IMPORTANT TO US AND WE THANK YOU FOR ALLOWING US THE OPPORTNITY TO SERVE YOU THROUGH OUR NURSERY. WE ASK THAT YOU PLEASE FILL OUT THIS INFORMATION SHEET FOR YOUR CHILD SO WE CAN BETTER SERVE YOU AND YOUR CHILD.

CHILDS NAME: _____ DATE OF BIRTH: _____
PARENT OR GUARDIAN: _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
HOME PHONE: _____ CELL: _____ TEXT ABILITY: __YES __NO
EMAIL: _____

INFANT INSTRUCTIONS:

MY CHILD IS FED: __ FORMULA __ MOTHERS MILK __ REGULAR MILK __ BABY FOOD

SPECIAL INSTRUCTIONS: _____

FEEDING POSITION: __ HELD __ LAYING __ SITTING __ OTHER

BURP MY CHILD: __ HALF-WAY THROUGH FEEDING __ AFTER FEEDING __ NO BURPING

BURPING POSITION: __ OVER SHOULDER __ SITTING __ OVER LAP

FEEDING TIME: _____ AMOUNT: _____

MAY YOUR CHILD HAVE ANIMAL CRACKERS: __ YES __ NO

SLEEPING POSITION: __ BACK __ STOMACH METHOD: __ ROCK __ CRIB __ SWING __ OTHER

TODLER INSTRUCTIONS:

TOILET TRAINED: __ YES __ NO IF YES, WILL THEY ASK TO GO: __ YES __ NO

HOW DOES CHILD INDICATE TOILET NEED: _____

FOOD ALLERGIES: _____

OTHER INFORMATION OR SPECIAL NEEDS: _____

