

St Marys Methodist Nursery Information Sheet

Child's Name: _____

Parent or Guardian: _____

Phone Numbers: _____

Email Address: _____

Child's Birthdate: _____

Infant Instructions:

Bottle or breastfed (circle one)

Special feeding time if any: _____

Food Allergies: _____

Sleeping position: Back or stomach (circle one) or other: _____

Method of going to sleep: Rocked Crib Swing (circle one) Other: _____

Toddler Instructions

If your child cries after drop-off, how long should we attempt to console him/her before contacting you?

5 min. 10 min. 15 min. 20 min. (Circle one)

Food Allergies: _____

Potty trained: Yes No or Working on it

Any special bathroom instructions: _____

My child's favorite toys/activities include: _____

Other information: _____

Parent or Guardian Signature

Date