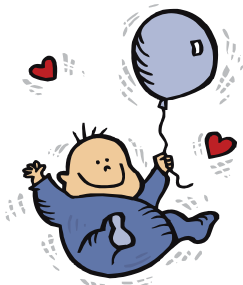
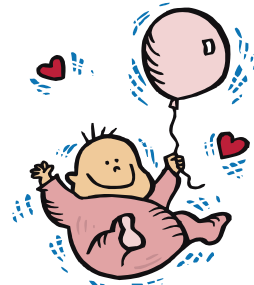


The

Village Learning Center



It's A Boy



It's A Girl

Infant Information

Mother's Name: _____

Father's Name: _____

Work Phone: _____

Work Phone: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

CHILD'S NAME: _____ Birth Date : _____

ALLERGIES _____

SPECIAL LIKES _____

SPECIAL DISLIKES _____

NAP HABITS _____

FAVORITE TOYS _____

BOUNCER

WALKER

SWING

BUMBO

YES NO

YES NO

YES NO

YES NO

APPROXIMATE SCHEDULE

Breakfast: _____ Comments _____

Lunch: _____ Comments _____

Snack: _____ Comments _____

NUMBER OF BOTTLES (While at the Center) _____ Bottle Warmer or Microwave – Please Circle one

Breast Milk Formula Milk Regular Milk — Please Circle which milk is inside the bottles

Amount Oz's or Cup _____ Times _____ or how many hours in between Bottles

Water -Times _____

If there is any other information that would help in making your child's stay with us more comfortable, please let us know.

PARENT'S SIGNATURE _____ DATE _____