



Child Info Form (0-3yrs)

Boy Girl

Child's Information

Child's Name: _____ Today's Date: _____

Address: _____ Birth Date: _____

_____ Phone: _____

I live with: _____ I came today with: _____

Parent/Guardian Information

Mother: _____ Father: _____ Legal Guardian: _____

Email(s): _____ Cell: _____

Emergency Contact: _____ Phone: _____

Anyone who may NOT pick up this child? _____

Allergies: _____

General Instructions

Takes a bottle No Yes When? _____

Nursing No Yes When? _____

Takes a Nap No Yes When? _____

Cries Self to Sleep No Yes How long? _____

Sleeps on Back Side Tummy

Burps Easily No Yes

Rocks to Sleep No Yes

Uses Pacifier No Yes

Allergies No Yes Describe: _____

Additional Comments (preferences, suggestions if fussy, etc.) _____