



NURSERY

CHILD

INFORMATION

CHILD'S NAME: _____

NICKNAME _____ AGE (AS OF SEPT 1) _____

PARENT NAME _____

PHONE NUMBER _____ TEXT OK YES ___ NO ___

EMERGENCY CONTACT _____

SNACK OK YES ___ NO ___ KNOWN ALLERGIES _____

FOODS TO AVOID _____

POTTY TRAINING

NAP SCHEDULE _____

ADDITIONAL NOTES _____

