

Child Information

Print one copy of this form for each child in your class.
Ask each parent to fill out a form before the first session.
Post the forms in the room to help teachers know
the needs of the children.

Child's Name: _____ Birth Date: _____

Parents' Names: _____

Location of Parent(s) During VBS: _____

Parent(s) Cell Phone Number(s): _____

Emergency Contact and Phone Number: _____

FEEDING INSTRUCTIONS

- Breast-fed
- Bottle-fed
- Burp during feeding
- Burp after feeding

Times baby is to receive food or liquids:

- Milk (for bottle feeding) _____
- Juice _____
- Water _____
- Other food _____

Allergies: _____

SLEEPING/REST SCHEDULE

Baby's Sleep Time: _____ How baby likes to be held: _____

Sleeps: 15–30 mins. 30–45 mins. 45–60+ mins. Pacifier: Yes No

1s or 2s Rest Time: _____

Naps: 15–30 mins. 30–45 mins. 45–60+ mins. Pacifier: Yes No

DIAPERING

Moist disposable towelettes Powder Ointment

Toilet training? Yes No

Words child uses to express toileting needs: _____

OTHER

Favorite toys: _____

Security items (such as a blanket): _____

Special needs: _____

Other information: _____