

# 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: \_\_\_\_\_