

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