

# CHILD INFORMATION SHEET

0-2 years

***\*\*Please make sure all personal items are labeled with child's name\*\****

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian Contact Information:

Name/Number: \_\_\_\_\_

Name/Number: \_\_\_\_\_

Parent/Guardian/Other Name(s) authorized to pick up child:

\_\_\_\_\_  
\_\_\_\_\_

Is there anyone that should NOT pick up your child?

\_\_\_\_\_

## MEDICAL INFORMATION

Allergies: \_\_\_\_\_

List any other information we may need to know to better care for your child:

\_\_\_\_\_  
\_\_\_\_\_

## INFANT INSTRUCTIONS

My child is: ☐ breast-fed ☐ bottle-fed

Burp my child: ☐ half-way through feeding ☐ after feeding

Position for burping: ☐ over shoulder ☐ sitting ☐ over the lap ☐ any position

Method of going to sleep: ☐ rocking ☐ crib ☐ other \_\_\_\_\_

***\*\*all infants will be placed on their backs while in the crib***

Special Diapering Instructions: ☐ yes (explain below) ☐ no

\_\_\_\_\_  
\_\_\_\_\_

## TODDLER INSTRUCTIONS

Is your child toilet-trained? ☐ Yes ☐ No

Will they ask to go to the toilet? ☐ Yes ☐ No

Word toddler uses to indicate bathroom need: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

May the child have: ☐ animal crackers ☐ cheerios ☐ goldfish ☐ juice ☐ water

## SECURITY INFORMATION

***\*\*YOUR SECURITY BRACELET WILL NEED TO BE PRESENTED TO PICK UP YOUR CHILD\*\****

If you would like a copy of our Child Care Policy and Procedures, please ask one of our workers  
or you may view it on our website at [www.visitimmanuel.org](http://www.visitimmanuel.org)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CHILD

PARENT/GUARDIAN