

## Child Information Form

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_

Child's Allergies, if any: \_\_\_\_\_

Is (s)he potty-trained? Yes / No

Do you give permission to allow diaper changes or help in the bathroom? Yes / No

Additional Information (e.g. special needs, favorite book, loves music, etc.)

---

---

List the names of anyone who is authorized to pick up your Child:


- **Your child must be fever-free for 24 hours without medications before coming to nursery.**
  - **If an antibiotic is required, please allow 24 hours of antibiotic doses before coming to nursery.**
  - ***Nursery servants do not administer medication.***
- **Please pick up your child immediately after service to allow nursery servants to clean and leave at a reasonable time.**
  - ***Only send persons listed on the child's information sheet to pick up your child.***

Parent signature: \_\_\_\_\_

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