

Baby Information Sheet

Date _____

Personal Information

Child's full name _____

Name you use to address your child _____ Child's date of Birth _____

Mailing address _____

Home address (if different from mailing address) _____

Phone number _____ E-mail _____

With whom does the child live? (parents, guardians, other adults)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

List of siblings

Name _____ Age _____ Do they live with child? _____

Name _____ Age _____ Do they live with child? _____

Name _____ Age _____ Do they live with child? _____

Name _____ Age _____ Do they live with child? _____

List of pets

Name _____ Type _____

Name _____ Type _____

List preschool or childcare child attends, if applicable _____

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Medical Information

List any allergies _____

In case of accidental exposure to allergens, what steps should be taken _____

List any medical information that your child's teacher should know _____

To reduce the risk of Sudden Infant death Syndrome (SIDS) the American Academy of Pediatrics recommends placing infants on their backs for sleeping. Please list any conditions that would contraindicate this practice for your child _____

Feeding and Diapering Information

Breast-fed? _____ Bottle-fed? _____ Pacifier? _____ Comfort item? (specify) _____

Feeding Times

Milk _____ Juice _____ Water _____ Other(specify) _____

Diapering instructions _____

Security Information

If your security pass should be misplaced, who has permission to pick up your child? _____

Is there anyone that should **not** pick up your child? _____

Are there any custody arrangements of which the leaders should be aware? _____

In case of an emergency and a parent/legal guardian cannot be reached, whom should we contact?

Name _____ Phone _____ Relationship _____

Special Instructions or Information
