

**TODDLER ROOM
GROSSE POINTE MEMORIAL CHURCH
Child Information Form**

Child's full name _____

Parent's name _____

Child's birth date _____

Allergies _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____

Siblings/Ages _____

Is your child toilet trained? _____

If not, are they trying to use the toilet? _____

What words does he/she use for the bathroom? _____

Does your child have any fears? _____

What are your child's interests? _____

Does your child have any special needs or behaviors I need to be aware of?

Does your child have a comfort item such as a pacifier, blanket or toy that helps to calm them when they are feeling sad? _____

While your child is with us, we will offer him/her a snack of juice and snack. The snacks are either graham crackers, goldfish or animal crackers.

_____ YES, please offer to my child

_____ NO, please do not offer to my child

**INFANT ROOM
GROSSE POINTE MEMORIAL CHURCH
Child Information Form**

Child's full name _____

Parent's name _____

Child's birth date _____

Allergies _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____

Siblings/Ages _____

Feeding instructions:

What time is bottle to be given? _____

Toddler cup with lid _____

Does your child have any fears? _____

What are your child's interests? _____

Does your child have any special needs or behaviors I need to be aware of?

Does your child have a comfort item such as a pacifier, blanket or toy that helps to calm them when they are feeling sad? _____
