



CHILD INFORMATION

Child's Full Name (printed)

Date of Birth

Parents/Guardians Names (printed)

Home Address

Person who brought child to Broadman

Relationship

Person who will pick-up the child after the service

Relationship

Favorite Things

Calming/Comforting Measures

Names and Ages of Siblings

Snacks OK? Yes. No. 100% Juice OK? Yes. No.

Breast-fed Bottle-fed Drinks from cup Drinks from sippy-cup

In Diapers/Pull-ups Toilet Trained In Toilet Training

Mark food/snacks which child may eat. Pretzel Mini Animal Cracker Apple Pretzel Stick

Banana Vanilla Wafer Graham Cracker Cheese Cherrios Fruit Loop

Peanut Butter Filled Pretzel fruit snack Popcorn Pudding Stage 1-2 Baby Food

Stage 3 Baby Food Mashed Food Diced Food Cheez-it Cracker Cereal Bar

List all food allergies

List other helpful information about the Child (nickname, dislikes dogs, very active, dislikes being in nursery, sleeps a lot, etc.)

Signature of Parent/Guardian

Date

Cellular telephone number (on **vibrate** please) to call during service