



Nursery Child Information Form

Child's Name: _____ Child's Age: _____

Parent/Guardian Name: _____

Parent/Guardian Phone #: _____

(Parent listed here will be texted during the service if there is an issue/concern with your child.)

Please check Any/All that apply:

- My child needs a bottle.
Care instructions for bottle feeding:

- My child can eat solid snack foods such as goldfish or Gerber puffs.
I give permission for Thrive Nursery Staff to feed my child such snacks.
*List any known **ALLERGIES**:

- Please DO NOT feed my child any food.

- I give my permission for Thrive Nursery Staff to change my child's diaper when needed.

- Please DO NOT diaper my child, but contact parent if diapering is needed.

THANK YOU!