

CHILD INFORMATION FORM - Children age 12 and under

Child 1 Name _____ Nickname _____ Age/ grade _____

Child 2 Name _____ Nickname _____ Age/ grade _____

Child 3 Name _____ Nickname _____ Age/ grade _____

Child 4 Name _____ Nickname _____ Age/ grade _____

Parent(s) First and Last Name(s): Parent/Guardian 1 _____

Parent/Guardian 2 _____

PLEASE WRITE EACH CHILD'S FIRST NAME BELOW AND PROVIDE THE REQUESTED INFORMATION:

Child 1 Name: _____ Allergies: _____

Medical concerns: _____

Usual naptimes: _____ Usual bedtime: _____

Comfort toys, special notes: _____

For infants and toddlers: cup / bottle (circle one) crawl / walk (circle one)

Child 2 Name: _____ Allergies: _____

Medical concerns: _____

Usual naptimes: _____ Usual bedtime: _____

Comfort toys, special notes: _____

For infants and toddlers: cup / bottle (circle one) crawl / walk (circle one)

Child 3 Name: _____ Allergies: _____

Medical concerns: _____

Usual naptimes: _____ Usual bedtime: _____

Comfort toys, special notes: _____

For infants and toddlers: cup / bottle (circle one) crawl / walk (circle one)

Child 4 Name: _____ **Allergies:** _____

Medical concerns: _____

Usual naptimes: _____ **Usual bedtime:** _____

Comfort toys, special notes: _____

For infants and toddlers: cup / bottle (circle one) crawl / walk (circle one)