

# Nursery Information sheet

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Child's Name \_\_\_\_\_

Child's Birthday \_\_\_\_\_

Child Allergies? If so, what? \_\_\_\_\_

Is she/he taking any medication? If so, what? \_\_\_\_\_

Parent's/Guardian's names: \_\_\_\_\_

Emergency Contact

1: \_\_\_\_\_

Emergency Contact

2: \_\_\_\_\_

Can we give your child snacks from the nursery? (Circle one)

Y N Only snacks I provide

Do you have any special request/needs for your child? If so,  
what? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_