

**St. Bartholomew's Episcopal Church
Nursery Care Information**

Child's Full Name: _____

Goes by: _____

Date of birth: _____

Parent/Guardian Name: _____

Cell Phone: _____

Parent/Guardian Name: _____

Cell Phone: _____

Please provide the information below to help us best care for your child:

Allergies: _____

Current medications: _____

**Developmental
Information:**

- Rolls over
- Sits with assistance
- Sits alone
- Crawls
- Pulls up to standing
- Cruises
- Walks
- All of the above.

Food Information:

- Breastfed only
- Takes a bottle
- Sippy cup
- Regular cup
- Lactose free
- Gluten free
- Needs to be fed at _____
- Snack provided
- Other: _____

Comfort Information:

- Uses a pacifier
- Has a special toy or blanket _____
- Likes to be held
- Prefers to be left alone for transition
- If crying gets worse or doesn't stop after _____ minutes please page me.
- Other: _____

Other information: _____

I would like to learn more about:

- St. Bartholomew's in general.
- Baptism
- Membership
- Adult Christian Formation
- Children's Christian Formation
- Other: _____