



# Baby/Toddler Information Card



Child's Name \_\_\_\_\_ Age \_\_\_\_ Birthday \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Serious Allergies, minor allergies, medical conditions:

\_\_\_\_\_

Sleeping Time: \_\_\_\_\_ Position: \_\_\_\_\_

Bottle Time: \_\_\_\_\_ Position: \_\_\_\_\_

Please list special needs, concerns, and/or preferences for your child while in our care:

\_\_\_\_\_

\_\_\_\_\_



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