

2016 SDB Conference Nursery

Child's Information

Child's First Name _____

Last Name _____

Parent(s)/
Guardian(s) _____

Contact Information for Conference:

1. On Campus (Dorm & # _____) **-OR-**
 Off Campus

2. Cell phone number & adult's name

3. Cell phone number & adult's name

Helpful things to know about your child:

1. Allergies

2. In diapers Potty training (with assistance) Needs little to no help in the bathroom

3. Feeding: Bottle or Nursed Only Allowed water or juice Allowed crackers or other snack

Please only give food or drink I provide for my child

4. Helpful tips about child's habits (ex. only takes bottle facing out, settles by facing in and bouncing, usually naps at 10am, etc.)

Other people allowed to sign-out my child _____

Parent/ Guardian Signature _____