



FIRST BAPTIST CHURCH SMITHFIELD
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Child's Information Sheet

Date _____

Personal Information

Child's full name _____

Name you use to address your child _____ Child's date of birth _____

Parent/Guardian full name _____

Mailing address _____

Home address (if different from mailing address) _____

Phone number _____ E-mail _____

With whom does the child live? (*parents, guardians, other adults*)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

List of siblings

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Child's Information Sheet continued

List any allergies _____

List any medical information that your child's teacher should know _____

To reduce the risk of Sudden Infant Death Syndrome (SIDS) the American of Pediatrics recommends placing infants on their backs for sleeping. Please list any conditions that would contraindicate this practice for your child.

Feeding And Diapering Information

Breast-fed? ___ Bottle-fed? ___ Pacifier? ___ Comfort item? (specify) _____

Feeding Times

Milk _____ Juice _____ Water _____ Other (specify) _____

Diapering Instructions _____

Security Information

Please list the names of people who have permission to pick up your child.

Are there any custody arrangements of which the leaders should be aware? _____

In the case of an emergency and a parent/legal guardian cannot be reached, whom should we contact?

Name _____ Relationship _____ Phone number _____

Special Instructions

