

Nursery Form
Testing - April 9 & 11, 2019

Child's Name:

DOB:

Food Allergies:

Parent's Names:

Emergency Phone #:

Date parent is working:

In what class is parent working?

My child's typical feeding schedule is:

My child may have snacks such as (ex: Cheerios, Gold Fish crackers):

When upset, you may calm my child by (ex: rocking, giving a blanket, singing, etc.):

When it is nap time, my child likes to (ex: be rocked, laid on tummy):

Discipline Method:

My child is not old enough for time out

You may sit my child in time out if needed

You **may not** sit my child in time out

Come and get me if discipline is needed

Parent's Signature/Date:

Comments: