

Nursery Form Testing

Child's Name: _____

DOB: _____

Food Allergies: _____

Parent's Names: _____

Emergency Phone #: _____

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: _____
