

Parents,

In an effort to care for your child in the ways that they find most comfortable, we ask you to fill out the following form to meet the needs of you and your baby.

Thank You,
UUCF Nursery Care Providers

Child's name: _____ Birthday: _____

Do you have a regular place you sit in the meeting house? _____
(We recommend sitting near the back, it will be easier to find you if necessary, without disturbing the service.)

Please check how we can best serve your child's needs.

Snack: _____ Only serve my child what I provide in diaper bag.

_____ Anything is fine (meeting any dietary restrictions listed below).

Dietary restrictions: _____

_____ Please don't serve my child a snack.

Drink: _____ My child is breastfed, please get me if she seems hungry.

_____ My child's bottle is in his diaper bag.

_____ My child uses a sippy cup

_____ My child uses a cup

_____ Please serve my child water when she is interested.

_____ Please serve my child juice when he is interested.

Toileting Needs:

_____ My child's diapers are in her diaper bag, you have permission to change her.

_____ Please alert me if my child needs a diaper change.

Outside:

_____ My child has permission to go outside when there are 2 caregivers present.

_____ Please do not take my child outside.

Additional Comments: _____

Parent Signature: _____ Date: _____