



St. Dunstan's Episcopal Church

The Church On The Trail

Nursery Information

Child's Name _____

Child's Birthdate _____

Mother's Name _____

Father's Name _____

What is important to know about me:

Do I take a bottle? yes no

Usually I bring a snack? yes no

I am allergic to _____

I like to do the following things:

___ Crawl ___ Be held ___ Be rocked

___ Swing ___ Be read to ___ Practice walking

Other _____

When I sleep I like to be on:

___ my stomach ___ my back ___ my side

Other important information about me:

My Mom/Dad:

Usually sit ___ on the right side ___ on the left side

 ___ front ___ middle ___ back

Will usually come to pick me up:

___ at communion ___ at the end of the service

At another time _____