

*In order to provide the best possible care for every child, we ask all families to complete this form (one form per child).*

Child's Full Name		Preferred Name	
Child's Date of Birth		Child's Age	
Name of Parent/Guardian		Cell Phone	
Additional Adult Contact		Cell Phone	
Address	Street		
	City	State	Zip

Diapering Needs:	Please change a diaper / inform me
Is the Child Potty Trained?	No / Needs Help / Yes
Baby Feeding Instructions:	
Does the Child Have Any Known Allergies?	No / Yes If Yes, Please List:
Has the child been left in a child care nursery before?	No / Yes
Please note any special words the child uses for things that we should know	
Any Other Instructions or Information:	

### Media and Photo Release

\* We like to photograph the ministries of Community United Methodist Church for use on our website, social media and in printed publications. Doing so helps to record our history and robustly illustrate the life of the congregation. It is our policy not to identify children by name when sharing photographs using any of these mediums.

*I hereby do / do not give Community United Methodist Church permission to use my child's photograph as stated above.*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_