

Update:

All About Me

- o Mother's Full Name: _____
Mother's Contact Number: _____
- o Father's Full Name: _____
Father's Contact Number: _____
- o Pertinent Information:
 - o Allergies? _____
 - o Emergency Contacts: (In order to be called)
 1. _____
 2. _____
 3. _____
 4. _____
 - o Persons allowed to Pick-up/Drop-off (Full Name):

A) Feedings

- o Formula: _____ Breast Milk: _____ Whole Milk: _____
- o Food: _____ Feeding Schedule: every _____ hours

- B) Holds own bottle? _____ Uses a pacifier? _____
Drinks from a cup? _____ Eats finger food? _____

C) Goals to Accomplish:

D) Areas of difficulty:

_____ (yes or no) I give my permission for my child's picture to be on BBLC Facebook page.

This form is to be completed annually and updated periodically throughout the year. The purpose of this form is to:

- Help us get to know your child's needs and wants quicker
- Parents to convey expectations and requests
- Information can be used in an emergency situation

In emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes the responsible person at the child care facility to have your child transported to the hospital by personal vehicle and/or ambulance.

Child's Full Name: _____ D.O.B.: ____/____/____

Parent's Full Name: _____

Parent's Signature: _____ Date: ____/____/____