

# Idlewild Nursery Permanent Information Sheet

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian/Partner: \_\_\_\_\_ Member / Visitor (please circle)

Address: \_\_\_\_\_

Your Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Email \_\_\_\_\_

Your Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Allergies & ongoing health concerns: \_\_\_\_\_ None \_\_\_\_\_ Allergies (please describe)

\_\_\_\_\_  
\_\_\_\_\_

## Siblings:

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Idlewild members who know me/my child well, and can help in an emergency: (examples: grandparents, friends, neighbors)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Other than parent/guardian/partner, please list anyone who has permission to pick up your child:

\_\_\_\_\_

Other important information you would like for us to know about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Idlewild Nursery Special Instructions

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

My child has the following in his or her bag: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please \_\_\_\_ call \_\_\_\_ email me if my child cries for more than \_\_\_\_\_ minutes.

My child is allergic to the following: \_\_\_\_\_

My child is sensitive to or about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Cell number: \_\_\_\_\_

Email: \_\_\_\_\_