

First Baptist Church Garland Baby Info

Child's Name _____

Approximate time child will be picked up: _____

Approximate time for next feeding _____

Breast Fed Bottle Fed: (Warmed Room Temperature)

Approximate time for next nap: _____

Does child use a pacifier? Yes No

Allergies/Special Instructions _____

Report For Parents

Bottle(s) given at: _____

Nap(s) _____ Diapers: Wet _____ B.M. _____

Other Comments: _____
