

# First Baptist Church Garland Baby Sign-In

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

Can your child eat dry Cheerios?   Yes   No

Allergies/Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Report For Parents

Bottle(s) given at: \_\_\_\_\_

Nap(s) \_\_\_\_\_ Diapers: Wet \_\_\_\_\_ B.M. \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_