# Nursery Checklist
2008-2009

Child's Name_____ Age_____

**Make sure registration form is on file for your child.

(Circle answer)

| | | |
|---|---|---|
| Does Your child have any allergies? _____ | No | Yes: |
| Is it ok for your child to have a snack? | No | Yes |
| Can we give him/her a snack we provide? | No | Yes |
| Do you prefer we give them a snack you provide? | No | Yes |
| Will your baby need a bottle? | No | Yes |
| If so, can we feed him/her the bottle? | No | Yes |
| Is your child in diapers? | No | Yes |
| Would you like a childcare provider to change the diaper? | No | Yes |
| Would you like us to come and get you if the diaper is dirty? | No | Yes |
| Is your child using a potty or toilet? | No | Yes |
| Would you like a childcare provider to take him/her to the toilet? | No | Yes |
| Would you like us to come and get you if he/she has to go to the toilet? | No | Yes |