

Bethel Toddler Information

Today's Date: _____ Toddler's Date of Birth: _____

Toddler's Name: _____ (circle name used)

Parents' Names: _____

If not living with parents, with whom (name & relationship) does the toddler live? _____

Mom's S.S. Class: _____ Dad's S.S. Class: _____

Mom's Cell #: _____ Dad's Cell #: _____

Note to Parents: Please put cell phones on "vibrate" so you can be reached during Worship if necessary.

In worship, parents sit: (circle one) FRONT (nearest pulpit) MIDDLE BACK
(circle one) EAST WEST

Other times, how can parents be found? _____

Home Address: _____

Home Phone number: _____

OTHER HELPFUL INFORMATION

Does your toddler have any allergies? _____ If yes, list here: _____

Additional medical information: _____

Does your toddler attend day care or preschool? _____ If yes, where? _____

Does your toddler use special words for rest room needs? _____ If yes, what? _____

Additional information or special instructions: _____