



INFANT TODDLER REGISTRATION AMENDMENT

(To be included with full registration form.)

Child's Name : _____

Date: _____

Guidance and Routines

Any special words, songs, objects or actions which seem to help soothe and comfort your child?

Would you like your child to nap? (Please circle) Yes No

If so, at what times? _____ Usual length? _____

Does your child sleep in a bed or crib? _____

If yes please provide us with any details that would be useful for your child's nap routine:

Is your child in diapers? Please circle Yes No Cloth Disposable

If so, how many diaper changes are expected daily _____

Is your child toilet trained? Yes _____ Daytime Only _____ In Process _____ No _____

Special instructions regarding toilet training? _____

Is your child (please circle) **breastfed** **bottle fed**: breast whole formula other: _____

Diaper Cream Authorization

I understand that I am responsible for supplying the appropriate diaper cream suitable for my child's diapering needs and that it will be labelled with my child's name and stored with my child's belongings.

I hereby authorize the staff of Wonderful Beginnings Learning Centre to administer the diaper cream I have supplied as per the specifications and directions on the packaging.

I understand that if no diaper cream is supplied then no cream will be applied and that I will be contacted for further instructions if a rash appears.

Parent's Name: _____

Parent's Signature: _____

Date: _____