



Love Bugs & Wiggle Worms Kritter Kare Kard



Child's Name & age in months _____

Parent's Name _____

Phone number we can text you at if needed _____

Where will you be? (Circle all that apply)

Main Worship Center...8 am service, 9:15 am service, 10:45 am service, Wednesday evening

Other _____

If child needs to sleep, what time? _____ Does child need to be rocked or placed in
crib awake? (Circle one if applicable) If placed in crib awake, would you like us to allow baby to
cry, & if so, for how long? _____

Does child use pacifier, special blanket, or other _____ for sleep or soothing? (Circle all
that apply)

If child needs bottle, what time & how many oz? _____ Warm or room temp? (Circle one)

Call mom if hungry? Yes or No

Can have cheerios? Yes or No

Needs other food? Please list what & when _____

Allergies? Please list _____

May we use diaper ointment if needed? Yes or No

Other special instructions? _____
