



EXPLORER'S BIBLE STUDY

Crib Room/Toddler Registration Form

Date _____

Child's Name _____ Birthdate _____

Mother's Name _____ Phone _____

Discussion Leader _____ Room # _____

Describe your diaper bag: Color _____ Design _____

Is your baby: Bottle Fed Breast Fed

Does your baby sleep on his/her: Front Back

Does your baby prefer: Blanket Noise Object Stuffed Toy

Other (describe) _____

May your child have: Apple Juice Graham Cracker

Please write out any helpful hints you may have concerning your baby on the back of this form.



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