

SMILE REGISTRATION FORM

Child's Name _____ Birthday _____

Parent's Name _____

Address _____

Phone _____ Age as of September 30 _____

Does your child usually take a morning nap? _____

If yes how does he/she sleep? back _____ stomach _____
or side _____

Does your child have a bottle _____ or pacifier _____?

How does your child like to go to sleep? rock _____
just lay down _____ other _____

PLEASE MARK ANY BABY SUPPLIES YOU BRING.

Age cut-off for each class is September 30.

SMILE REGISTRATION FORM

Child's Name _____ Birthday _____

Parent's Name _____

Address _____

Phone _____ Age as of September 30 _____

Does your child usually take a morning nap? _____

If yes how does he/she sleep? back _____ stomach _____
or side _____

Does your child have a bottle _____ or pacifier _____?

How does your child like to go to sleep? rock _____
just lay down _____ other _____

PLEASE MARK ANY BABY SUPPLIES YOU BRING.

Age cut-off for each class is September 30.