

Shiloh Baptist Church  
Early Impression Information Sheet

Child's Name: \_\_\_\_\_  
                            Last                            First                            MI

Child's D.O.B: \_\_\_\_\_  
                            Month                            Day                            Year

Child's home address: \_\_\_\_\_

Child's home phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
                            Mom                            Dad

Is your child potty trained? \_\_\_\_\_

Will your child let us know when he or she needs to potty? \_\_\_\_\_

Is there anything we should know about your child while he or she is in our care? (Ex. allergies, fears, illness, etc..)

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