

Childcare Information Sheet

Leave a copy of this completed form with childcare providers or babysitters.

Child's Name: _____
Feeding: _____
What to feed: _____
When to feed: _____
Nutrition guidelines: _____

Safety

Sleep Schedule: _____
Pre-sleep routine: _____
Rules: _____

Diapering Schedule: _____
Routine: _____
Potty Training Schedule: _____

Discipline

Spanking: _____
Other methods: _____

Play

Favorite activities: _____
Favorite projects: _____
Favorite places to go: _____
Favorite toys: _____
Favorite books: _____

Television and Video

Television Programs/videos:
Okay to watch: _____ times a day

Visitors

Personal visitors for caregiver: _____

Special Needs and Medications

Emergency Numbers

Parents' work numbers: _____

Doctor: _____

Nearest relative: _____

Neighbour/friend: _____

Poison control center: _____

Police station: _____

Fire station: _____

Ambulance: _____

Hospital: _____

Veterinarian: _____

Child's friends: _____

Supplied by www.Kidfo.ca