



 **Our Home**
Address: _____
Phone Number: _____
Kids
Name: _____ Age: ____ Allergies: _____
Name: _____ Age: ____ Allergies: _____


 **Today's Schedule**
While you are here, please feed me (check & fill what to eat):
 Breakfast Lunch Dinner Snacks


Bottle Instructions (how to make, # of ounces, how often to feed):


 Suggested Activities For Today: _____
Nap/Bed Times & Tips: _____

 Special Needs & Sensitivities: _____

 **Our Rules**
TV/Computer Time: _____
Friends/Playdates: _____
Off-limits: _____
Discipline: _____

 **Just For You, the Sitter:**
Help yourself to: _____
Wi-Fi Password: _____
Special Instructions: _____

 **Checking In with Mom & Dad**
 Text Me Call Me Leave Me a VM
Mom's #: _____ Dad's #: _____

 **In Case of an Emergency**
If you can't reach us, please call: _____
Emergency Contacts: _____
Hospital: _____
Pediatrician: _____