

Our Home

Address: _____

Phone Number: _____

Kids

Name: _____ Age: ____ Allergies: _____

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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: _____

Our Rules

TV/Computer Time: _____

Friends/Playdates: _____

Off-limits: _____

Discipline: _____

Special Needs & Sensitivities: _____**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: _____