




Children

 Full Name:


 DOB:


 Full Name:

 DOB:

 Full Name:

 DOB:

 Address, City, Zip:

 Wi-fi Info:

Medical Info

Conditions & Needs:



Family Doctor:

Insurer:

Insurance ID:

Our Schedule (i.e. nap time, diapering, etc.)



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Activities

Kids enjoy...

Parental guidelines...

Other

 Parent 1:

 Cell:

 Parent 2:


 Cell:

 Pet Name, Breed:

 Pet Name, Breed:

Emergency Contact

 Name:

 Relationship:

 Phone Number:

 Address:

School Info

 Names:

 Grades:

 Phone Numbers:

 Addresses:

Bedtime Info

Bedtime is: ____ PM. Here is the routine:



Mealtime Info

Breakfast time: Lunch Time: Dinner Time:

Kids like to eat...

Kids do not like to eat...

Here's how to make meal time smooth: