

INSERT NAME HERE

Nanny
Binder

Enter name here



Birthdate:

Favorite Toys:

Favorite Activity:

Dislikes:

Naptime/ Bedtime:

Things to know:

Give a rundown of what calms or soothes the child,
Include tried and true tips, or additional notes

Enter name here



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Favorite Toys:

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Things to know:

Give a rundown of what calms or soothes the child,
Include tried and true tips, or additional notes

Enter pet here _____

A little bit about our pet: (temperament/mood)

Where the pet can/ cannot be in home

Include any expectations for care (letting pet outside, feeding etc)

All about the pets

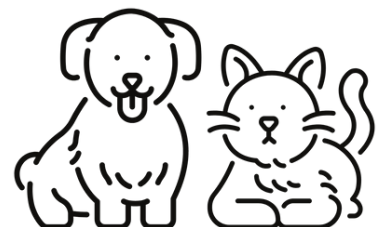
Enter pet here _____

A little bit about our pet: (temperament/mood)

Where the pet can/ cannot be in home

Include any expectations for care (letting pet outside, feeding etc)

Notes/ Other Information:



Address:

Wifi Name:

Wifi Password:

Water Shut Off Located:

Gas Shut Off Located:

Alarm Company/ Information:

Name of company

All about the House

House Rules

- Food stays in Kitchen/Dining rooms
- No shoes on carpet
- No swearing in front of the kids
- No personal guests during childcare hours
- Insert note here
- Insert note here



Looking for...

Band Aids: Drawer next to fridge

Towels: Hall closet, middle shelf

Beach Toys: Garage, above freezer

Cleaning Supplies: Under kitchen sink

Insert notes or text here



Please remind the kids to clean up a room before they start a new project.

Or

**Please leave the Living Room, Playroom and Kitchen clean
Cleaning supplies located:**

Morning

7am	
8am	
9am	
9:30am	
10am	
11:15am	

Afternoon

12pm	
12:30pm	
1:00pm	
2pm	
3pm	
4:15pm	

Daily Routine

Evening

5pm	
5:30pm	
6pm	
7:15pm	
7:45pm	
8pm	

Notes

Enter text here

Weekly Schedule

Weekly Schedule

Monday	Tuesday	Wednesday	Thursday	Friday

Notes

Add any additional information here

At Home Play



Read books

Play-dough

Finger paints

Sensory bins

Puppets

Coloring pages

Nursery Rhymes

Puzzles

Building Blocks

Magnetic Tiles

Dress ups

Cars and racetrack

Dolls

Playsets and people

Pretend food

Outdoors:

Bubbles

Sandbox

Trampoline

Sidewalk Chalk

Swings

Ride scooters/ bikes

Fly kite

Outings

Library

City Park

Walk around neighborhood

Feed ducks at pond

Petting Zoo

Botanical Garden

Bounce House

Zoo

Aquarium

Farm

Hiking trail

Kids Museum



Screen Time

Kids can have 45 min of
screen time after:



- Backpack is put away
- Snack is eaten
- Homework is done
-

No tablets in bedrooms


Approved ratings:

Enter details here


Activities & Outings


 Mood 	
	Content
	Playful
	Shy
	Frustrated
	Overwhelmed
	Enter Emotion


Naps / Quiet Time


Meals 	
Breakfast	
Snack	
Lunch	
Snack	
Dinner	

Notes
Questions for me?

Bottles 	
Time	Amount Eaten

Diapers 		
Time	Wet	Soiled

Activities & Outings 

Naps 	
Fell Asleep	Woke up

Notes or Questions for me?

Notes



EMERGENCY: 911

Hospital: 555-123--5678



**Pediatrician:
Name/ Office
555-123-5678**



**Dentist:
Name/Office
555-123-5678**



**Poison Control:
555-123-5678**

**Other:
555-123-5678**

ALLERGIES



Enter Allergy Information here

Where epi pen is located

Reactions to watch for or be aware of

First Aid Kit is located:



Health Insurance

Carrier:

Policy Number:

Primary Policy Holder:

Child's Name:
Date of Birth:
Allergies/ Medications::
Past surgeries/ medical conditions:

Child's Name:
Date of Birth:
Allergies/ Medications::
Past surgeries/ medical conditions:

Health Insurance Provider:
Policy #:
Policy Holder:

Parent/Guardian Name(s):
Address:
Phone Number:

Caregiver Full Name:
Address:
Phone Number:

In the event of an emergency, I grant the above named Caregiver to make medical decisions for my child(ren) until a parent/guardian is available.


The medical decisions I authorize include:

- Sharing personal information
- Authorize life saving devices or medication
- Authorizing Ambulance use

Parent/Guardian Name:

Signature:

Date:

Medication 				
Date	Time	Medication	Dose	Note

Medication Log



Sample Dosage		
Weight	Age	Dose
24-35 lbs	2-3 yrs	5ml
36-47 lbs	4-5 yrs	7.5 ml
48-59 lbs	6-8 yrs	10 ml

Medication Notes

Insert your notes here. Information about your child's medication, when it should be administered etc.

Contraindications, warning signs etc

Medical dosages are for informational purposes only. Refer to medication labels for accurate dosage or consult your physician

Parent/Guardian Name

Cell:555-5555

Work:333-3333

Company Name:

Company Address:

Email: namename@email.com

- Call me
- Text me

Parent/Guardian Name

Cell:555-5555

Work:333-3333

Company Name:

Company Address:

Email: namename@email.com

- Call me
- Text me

Contacts / Phone #s

Notes about calling or texting while I am away

Ex: Feel free to call or let the kids call me!

Ex: I am in meetings from 9:30am-12:00pm. Please text during that time if you need something



Emergency Contact 1: Name

Relation:

Cell:555-5555

Work:333-3333

Email: namename@email.com

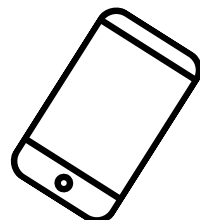
Emergency Contact 2: Name

Relation:

Cell:555-5555

Work:333-3333

Email: namename@email.com



Numbers to Know

Fire Department:

Police:

School:555-5555

Sports Coach:333-3333

Other :

