LITTLE GUARDIANS

Childcare Binder

.....

YOUR NAME

ALL ABOUT THE KIDS

CHILD'S NAME:
BIRTHDATE:
FAVORITE TOYS:
FAVORITE ACTIVITY:
DISLIKES:
NAPTIME/ BEDTIME:
SCREEN TIME: YES ☐ NO ☐ HOW LONG? _____

THINGS TO KNOW:
GIVE A RUNDOWN OF WHAT CALMS OR SOOTHES THE CHILD,
INCLUDE TRIED AND TRUE TIPS, OR ADDITIONAL NOTES

CHILD'S NAME:
BIRTHDATE:
FAVORITE TOYS:
FAVORITE ACTIVITY:
DISLIKES:
NAPTIME/ BEDTIME:
SCREEN TIME: YES ☐ NO ☐ HOW LONG? _____

THINGS TO KNOW:
GIVE A RUNDOWN OF WHAT CALMS OR SOOTHES THE CHILD,
INCLUDE TRIED AND TRUE TIPS, OR ADDITIONAL NOTES

CONTACTS / PHONE #S

PARENT/GUARDIAN NAME:

CELL:

WORK:

COMPANY NAME:

COMPANY ADDRESS:

EMAIL:

CALL ME ☐ TEXT ME ☐

PARENT/GUARDIAN NAME:

CELL:

WORK:

COMPANY NAME:

COMPANY ADDRESS:

EMAIL:

CALL ME ☐ TEXT ME ☐

OTHER NUMBERS TO KNOW

SCHOOL:

SPORTS COACH:

EMERGENCY CONTACT #1

NAME:

RELATION:

CELL:

WORK:

EMAIL:

EMERGENCY CONTACT #2

NAME:

RELATION:

CELL:

WORK:

EMAIL:

EMERGENCY AND MEDICAL

NOTES

EMERGENCY: 911

PREFERRED HOSPITAL

EMERGENCY CONTACT

NAME:

CELL:

PEDIATRICIAN:
NAME/ OFFICE

DENTIST:
NAME/OFFICE

ALLERGIES

LIST ALLERGIES:

ALLERGIC REACTIONS TO WATCH FOR OR BE AWARE OF:

WHERE IS EPIPEN LOCATED?

HEALTH INSURANCE

CARRIER:

POLICY NUMBER:

PRIMARY POLICY HOLDER:

MEDICATION LOG

MEDICATION

DATE	TIME	MEDICATION	DOSE	NOTES

SAMPLE DOSAGE

AGE	WEIGHT	DOSE
24-35 POUNDS	2-3 YRS	5ML
36-47 POUNDS	4-5 YRS	7.5ML
48-59 POUNDS	5-6 YRS	10ML

NOTES

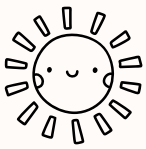
MEDICAL DOSAGES ARE FOR INFORMATIONAL PURPOSES ONLY.
PLEASE REFER TO MEDICATION
LABELS FOR ACCURATE DOSAGE OR CONSULT YOUR PHYSICIAN

DAILY ROUTINE

MORNING

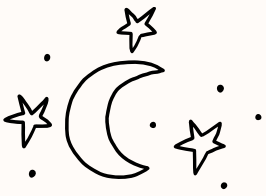
7AM	
8AM	
9AM	
10AM	
11AM	

AFTERNOON



12PM	
1PM	
2PM	
3PM	
4PM	

EVENING



5PM	
6PM	
7PM	
8PM	
9PM	

NOTES

WEEKLY SCHEDULE

MON	TUES	WED	THUR	FRI

NOTES

CAREGIVER LOG

ACTIVITIES AND OUTINGS

MEALS 

BREAKFAST	
LUNCH	
SNACK	
DINNER	

MOOD  

	CONTENT
	PLAYFUL
	SHY
	FRUSTRATED
	TIRED
	EXCITED

NAPS/ QUIET TIME 

NOTES

INFANT LOG

ACTIVITIES AND OUTINGS

DIAPERS

TIME		

BOTTLES

TIME	AMOUNT EATEN

NAPS/ QUIET TIME

NOTES

ALL ABOUT THE HOUSE

WIFI NAME:

WIFI PASSWORD:

HOUSE RULES

- NO SHOES ON CARPET
- NO SWEARING IN FRONT OF THE KIDS
- NO PERSONAL GUESTS DURING CHILDCARE HOURS
-
-

ARE YOU LOOKING FOR....

FIRST AID KIT:

BABY WIPES:

DIAPERS:

BLANKETS:

TOWELS:

CLEANING SUPPLIES:

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

ALL ABOUT THE PETS

YOUR PETS NAME _____

A LITTLE BIT ABOUT OUR PET: (EX. TEMPERAMENT/MOOD)

WHERE THE PET CAN/ CANNOT BE IN HOME

INCLUDE ANY EXPECTATIONS FOR CARE (EX. LETTING PET OUTSIDE OR FEEDING)

YOUR PETS NAME _____

A LITTLE BIT ABOUT OUR PET: (EX. TEMPERAMENT/MOOD)

WHERE THE PET CAN/ CANNOT BE IN HOME

INCLUDE ANY EXPECTATIONS FOR CARE (EX. LETTING PET OUTSIDE OR FEEDING)

NOTES / OTHER INFORMATION: