

# Child Care Checklist

Parents' names \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Children's names and ages \_\_\_\_\_  
\_\_\_\_\_

## Arrangements

Time to arrive \_\_\_\_\_ Time to leave \_\_\_\_\_

Who provides transportation? \_\_\_\_\_

Rates per hour \_\_\_\_\_ Rates per day \_\_\_\_\_

Where to reach parents \_\_\_\_\_  
\_\_\_\_\_

Check activities that are allowed:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Use of stereo and radio         | <input type="checkbox"/> Use of refrigerator, kitchen | <input type="checkbox"/> Use of telephone |
| <input type="checkbox"/> Leaving the house with children | <input type="checkbox"/> Sleeping                     | <input type="checkbox"/> Use of computer  |
| <input type="checkbox"/> Use of car                      | <input type="checkbox"/> Other: _____                 |   |

How to reach doctor  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How to reach relatives, friends, neighbors  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



How to reach Fire Dept. \_\_\_\_\_

How to reach Police/Sheriff \_\_\_\_\_

**Routines**

Menus and times for eating \_\_\_\_\_

Bedtime \_\_\_\_\_

Special toys to take to bed \_\_\_\_\_

Nap time \_\_\_\_\_

Story to read \_\_\_\_\_

Medicines \_\_\_\_\_

TV allowed \_\_\_\_\_

Outdoor play \_\_\_\_\_

**Other things to remember**

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**Phone messages**

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Time of call \_\_\_\_\_

Message \_\_\_\_\_

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**Deliveries or callers to expect**

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**Special Instructions**

Baths \_\_\_\_\_

Activities \_\_\_\_\_

Discipline \_\_\_\_\_

Area of the house off limits \_\_\_\_\_

Friends the children may invite over \_\_\_\_\_

Pets \_\_\_\_\_

**Extra Jobs to Do**

Wash dishes       Wash/dry clothes

Clean       Ironing

Other: \_\_\_\_\_