

# Child Care Checklist

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

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## Arrangements

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

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

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

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


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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 \_\_\_\_\_  
 \_\_\_\_\_

**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: \_\_\_\_\_

**Other things to remember**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Phone messages**

Name	Phone number	Time of call	Message
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Deliveries or callers to expect**

\_\_\_\_\_  
 \_\_\_\_\_

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