*IMPORTANT TELEPHONE NUMBERS*

Mother’s Work Number: _________________________________________________

Father’s Work Number: _________________________________________________

Neighbor/Friend: ______________________________________________________

Neighbor/Friend: ______________________________________________________

Relative: _____________________________________________________________

Relative: _____________________________________________________________

School: ______________________________________________________________

Police/Emergency: _____________________________________________________

Police/Emergency: _____________________________________________________

Fire/Emergency: _______________________________________________________

Doctor’s Office: _______________________________________________________

Hospital: _____________________________________________________________

Ambulance/Local Rescue Service: _________________________________________

Poison Control Crisis Hotline: __________________________________________

Dentist: __________________________________________________________________

Drugstore: __________________________________________________________________
RULES FOR CHILDREN

TELEVISION

Hours per day: ________________________________

Acceptable Shows: ________________________________

____________________________________________

Video-Game Hours per day: ________________________________

TELEPHONE

Number of Calls: ________________

Length of Calls: ________________

VISITORS

Names of Friends Who Can Visit: ________________________________

How Many per Child: ________________________________

Length of Visit: ________________________________

VISITING FRIENDS

Permission Needed: ________________________________
Time Limit: _________________________________

Distance Limit: _________________________________

**FOOD**

Acceptable Snacks: _________________________________

_________________________________________________

Allergies: _________________________________

**HOMEWORK**

Scheduled Time: _________________________________

**CHORES**

List of Chores per Child: _________________________________

_________________________________________________

**INSIDE AREAS OFF-LIMITS TO PLAY**

_________________________________________________

_________________________________________________

**ACCEPTABLE OUTSIDE PLAY AREAS**

_________________________________________________

_________________________________________________

**PETS**

Areas Off-Limits to Pets: _________________________________

_________________________________________________

Who Leads?: _________________________________

Who Cleans Up?: _________________________________
SUGGESTED ACTIVITIES

Arts and Crafts: __________________________________________________________
_________________________________________________

Games: _________________________________________________________________
_________________________________________________________________

Reading: _______________________________________________________________

RULES FOR CAREGIVER

DAILY SCHEDULE

Arrival: __________________________________________________

Departure: ________________________________________________

DAILY DUTIES

Cleaning: _______________________________________________________________
______________________________________________________________

Cooking: ______________________________________________________________
______________________________________________________________

Supervising Homework: _______________________________________________
______________________________________________________________

VISITORS FOR SITTER

How Many: _________________________________________________

Length of Visit: ________________________________________________

TELEPHONE USE

Number of Calls: _______________________________
Length of Calls: ____________________________________________

Messages to be Given to Callers: _____________________________

______________________________________________

MEDICINE FOR CHILDREN

______________________________________________________

______________________________________________________

Directions: ____________________________________________

______________________________________________________

Prescribing Doctor: ______________________________________