

_____ Care List
(child's name here)

Sleep Habits:

Wakes up at: _____

Bedtime at: _____

Before bedtime routine: _____

Allergies: _____

Eating Habits:

Favourite Foods: _____

Least Favourite Foods: _____

Breakfast is at: _____

Lunch is at: _____

Dinner is at: _____

Snacks are at: _____

Don't forget to fill out your Emergency Childcare Plan

Favourite Things:

Favourite TV show: _____

Favourite Game: _____

Favourite Toy: _____

Favourite Book: _____

School Information:

Name: _____

Address: _____

Start at: _____

Ends at: _____

Teachers' names: _____

I do homework at / before: _____

After-school Activities: _____

Don't forget to fill out your Emergency Childcare Plan

Doctor List for _____

TYPE	NAME	ADDRESS	PHONE / HOURS
PRIMARY CARE			
DENTAL			
EMERGENCY			
SPECIALIST			
SPECIALIST			
SPECIALIST			
WALK IN CLINIC			

Family Disaster Plan

Insurance Company:

Name: _____

Address: _____

Phone Number: _____

Local Hotel: (in case of home issue) (CFHA if you live in a RHU)

Name: _____

Address: _____

Phone Number: _____

Out of Area Contact Person: (*make sure your member has this information before they leave)

Name: _____

Phone: _____

Evacuation:

Where do we go? _____

What do we take?

1. The Everything Binder

2. _____

3. _____

4. _____

5. _____

Add additional items as needed.