

Family Information Sheet

Date: _____

Name: (Last) _____, (First) _____, (M.I.) _____

Additional Primary Caregivers' Names: _____

Address: _____ **Phone Number/s:** _____

Names and Ages (with D.O.B.) of Children:

Children's' Allergies:

Contact Numbers in Case of an Emergency (doctor/s, relatives, neighbors):

Children's Favorite Things to Do:

Children's Favorite Food/s:

Specific Instructions:

Places to Go with Child:

Will there be any driving involved? ____ If so, please be specific (vehicle used, place, etc.).

Are you a non-smoking household? ____

Have you ever had a nanny before? If so, please let us know how your past experience was.
