

Our Family

Kids' Names:

Name: _____ Age: _____ D.O.B _____

Name: _____ Age: _____ D.O.B _____

Name: _____ Age: _____ D.O.B _____

A Typical Day:

Our Town: (Include Directions)

Parks:

Library:

Petting Zoos:

Aquariums:

Movies:

Fast Food/Pizza Places:

Family

Mom's Work: _____
Phone: _____

Dad's Work: _____
Phone: _____

Grandpa's and Grandma's:
Names: _____ Phone _____

Names: _____ Phone _____

Aunt's and Uncles:
Names: _____ Phone _____

Names: _____ Phone _____

Emergency Numbers

Pediatrician: (include Directions to
office) _____ (Phone) _____

Poison Control: _____

Fire Department: _____

Neighbor: _____

Health Insurance Info: (Include a " [Permission to Treat Minors](#) " note.)

Company: _____ Group#: _____

Also, to help her get a sense of everyone in the family, dedicate a page to each child that talks about

- likes, dislikes
 - unique personality traits
 - favorite toys
 - foods
 - special eating habits/diet
 - Naptimes, bedtime rituals
 - "baby language translations" i.e. my son calls his blanket his "Nanny", his pacifier a "sire," and cookies "teetee's"
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Leave a section for you and her to write back and forth. This will help you and nanny communicate about things you may otherwise forget. The following is a sample reporting log that was giving to us by one of our members. A preprinted "checklist" like this may help your Nanny quickly make notes about your child's day. Some parents feel this adds more work than necessary for the Nanny, so it's up to you.

Nanny Daily Reporting Log

Date _____

(Name of Child) _____

Meals (circle one): Well Fair Not so great

Breakfast: W F NG

Lunch: W F NG

Dinner: W F NG

Diapers

Time checked/Circle One

_____ Wet Dry BM

_____ Wet Dry BM

Notebook for Nanny

_____ Wet Dry BM

_____ Wet Dry BM

Medications

Name of drug _____ Time _____ Time _____
Name of drug _____ Time _____ Time _____

General

Today's Mood: _____

Today's activities : _____

Stories we read : _____

Boo-boo report/first aid:

Behavior : _____

Homework completed (subjects/topics):

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