Parental Instructions
Family Child Care

Provider: _____ Date:_____

Parent(s): _____ Child:_____

The following parental instructions have been discussed and agreed upon:

Toilet Training:

_____

_____

_____

Eating/ Drinking:

_____

_____

_____

Napping/ Rest:

_____

_____

_____

Allergies:

_____

_____

Health/ Medical Issues:

_____

_____

_____

_____ _____

(Signature of Provider) (date)

_____ _____

(Signature of Parent) (date)