



My Checklist

Child's Name: _____

In case of an emergency:



Parents Contacts:

Mum's mobile number: _____ Mum is at: _____

Dad's mobile number: _____ Dad is at: _____

Child Health Info:

Social Security Number: _____ Birth Date: _____

Paediatrician: _____

Known Allergies: _____

Current Medication: _____

Other important health info: _____

My Routine



Subject	Rule
Morning	I have snack by _____ My snack is _____
Lunch	I have lunch by _____ My lunch is _____
Afternoon	I take a nap by _____ for _____ min/hours I have a snack by _____ My snack is _____
Evening	I have bath by _____ I have dinner by _____ My dinner is _____ Quiet time starts at _____

Important Rules



Subject	Rule
Eating snacks	
Playing around	
Watching TV	
Quiet time	
Sleeping Routine	