

Covenant Sitters, LLC

Parent/Child Profile

Today's date: _____

Mother or Guardian's Name: _____ Cell Number: _____

Father or Guardian's Name: _____ Cell Number: _____

Address: _____ Subdivision: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Child's Profile

School # 1: _____

Directions: _____

School # 2: _____

Directions: _____

Days/hrs if applicable _____

Religious affiliation: _____

What are your child's favorite activities (reading, coloring, finger painting, outside play, etc)?

How much television (and what programs) is your child allowed to watch? _____

By nature is your child... Friendly _____ Aggressive _____ Shy _____ Quiet _____

Does your child have any known concerns or fears? _____

What ways do you use to calm your child when he/she becomes upset? _____

What method of discipline is used in your home? (Time outs, privileges taken away, etc.) _____

Eating Routine:

What time does your child normally eat breakfast? _____

Lunch? _____

Dinner? _____

Snacks? _____

Favorite fruit _____ vegetable _____ starch _____

Protein _____ Snacks _____ Drink _____

Any food allergies? _____ Any dietary restriction? _____

Does your child eat with hands _____ Fork _____ spoon _____

Needs to be fed by caregiver? _____

Sleeping Routine:

Does your child take regular naps? _____

From when to when? _____

What is your routine for naps? _____

What specific item (s) does your child need to sleep or nap? _____

Does your child go to bed easily or do they resist sleep? _____

What time does your child go to bed? _____

What is your usual routine for bedtime in the evening? _____

Toileting Needs:

If your child is in diapers, how often do you change him or her? _____

If not in diapers, is your child potty trained? _____

Does your child need help with toileting? _____

What word does your child use for urination? _____

Bowel Movement? _____

Does your child wet his/her bed at night? _____

During Naps? _____

Medical Emergency Information and Medical Release Form

State any medical problems we should be aware of (Please include allergies and chronic conditions) _____

List any medications we should be aware of _____

Describe any disabilities we should be aware of: _____

Emergency Contact other than Parent or Guardian: _____

Covenant Sitters, LLC: (843) 554 – PURE or (843) 554 – 7873

Fire, Police, Ambulance: Call 911

Pediatrician: _____

Hospital of Choice: _____

Doctor Information

Without parental permission, doctors will only treat children in life threatening emergencies. Please prepare the following medical form to make sure your child will receive emergency medical treatment when he or she is under a sitter's care.

Child's Name _____

Date of Birth _____

Insurance Carrier and Policy Number _____

Doctor's Names and Phone Numbers: _____

ANY LICENSED PHYSICIAN, DENTIST, OR HOSPITAL MAY GIVE NECESSARY EMERGENCY MEDICAL SERVICE TO MY CHILD. _____
(please insert child's name) AT THE REQUEST OF THE PERSON BEARING THIS CONSENT FORM.

Signature _____ Date _____