

# 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 \_\_\_\_\_