

Name of the Day care Center _____

Address of the Center: _____

Contact Details: _____

Services	
Age Limit	
Time	
Meals	
Other Services	
Feedback from Old Customers	

Child Care Check In Sheet	
Child's Name	
Date	
Drop Off Time	
Pick Up Time	
Last Feeding Was	
Last Diaper Change at What Time?	
Medications If Any	
Treatments If Any	
Dosage If Any	
Comments:	