

Care Information for: _____

Allergy Information:

Sleep Habits:

Wakes up at: _____

Morning routine: _____

Bedtime at: _____

Before bedtime routine: _____

Do not forget to complete your Family Care Plan (SCP) Declaration DAOD5044-1A and your Emergency Family Plan



Eating Habits:

Favourite Foods:

Least Favourite Foods:

Breakfast is at: _____

Lunch is at: _____

Dinner is at: _____

Snacks are at: _____

Favourite Things:

Favourite TV show:

Favourite game:

Favourite toy:

Favourite book:

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School Information:

Name:

Address:

Phone Number:

Start time: _____

End time: _____

Teachers' names:

I do homework at / before:

After-school activities:

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