

**I would like child care for my children during MES9**

Parent’s name:

Telephone number/email:

Number of children:

 Children’s names and nicknames:

 Children’s ages:

 Do your children have lunch nap? ( ) yes ( ) no

 Are there any special dolls, blankets etc., that your children need for sleep? ( ) yes ( ) no

 What is your children’s favorite food?

 Are there any foods your children don’t eat? ( ) yes ( ) no

 *Please describe*:

 Do your children have any known health problems? ( ) yes ( ) no

 *Please describe*:

 Does your child need regular medication? ( ) yes ( ) no

 *Please describe*:



Does your child have any known allergies? ( ) yes ( ) no

 *Please describe*:

*Special instructions in case of an allergic reaction:*

Please write down any other information that we may need to know about your child:

 Please choose the days and write down the hours you are going to need child care:

 ( ) Saturday, 7th April:

 ( ) Sunday, 8th April:

 ( ) Monday, 9th April:

 ( ) Tuesday, 10th April:

 ( ) Wednesday, 11Th April:

 ( ) Thursday, 12th April: