# ROATÁN VACATION NANNY

PARENT & CHILD CARE CHECK-IN FORM

**Purpose:** This form is completed and signed by the parent/guardian when the nanny arrives, before childcare begins. Please provide complete and accurate information.

## 1. PARENT / BOOKING INFORMATION

Parent/Guardian: _____ WhatsApp/Phone: _____

Hotel / Villa / Location: _____ Room / Booking #: _____

Date: _____ Start Time: _____ Expected End Time: _____

Emergency Contact: _____ Emergency Phone: _____

## 2. CHILD INFORMATION

Child 1 Name: _____ Age: _____ Preferred Name: _____

Child 2 Name: _____ Age: _____ Preferred Name: _____

Child 3 Name: _____ Age: _____ Preferred Name: _____

Child 4 Name: _____ Age: _____ Preferred Name: _____

## 3. ALLERGIES / MEDICAL INFORMATION

Allergies? ■ No ■ Yes Food: _____
Medication allergies: _____
Medical conditions / important health information: _____
What should the nanny know or do in an emergency? _____

## 4. MEDICATION

Medication needed during this booking? ■ No ■ Yes
Medication / dose / time / instructions: _____
Parent authorization / special instructions: _____

## 5. FEEDING & DIET

Meal times: Breakfast _____ Lunch _____ Dinner _____ Snacks _____
Foods to avoid / dietary restrictions: _____
Feeding instructions / bottle or formula instructions: _____

## 6. NAP / SLEEP & ROUTINE

Nap needed? ■ No ■ Yes Usual nap time: _____ Typical length: _____
Comfort item: _____ Sleep/comfort routine: _____
Bedtime (if applicable): _____ Other routine instructions: _____

## 7. ACTIVITIES & SAFETY

Favorite activities / toys: _____
Things that calm the child: _____ Fears / dislikes: _____
Pool allowed? ■ No ■ Yes Ocean allowed? ■ No ■ Yes Swimming ability: _____
Activity restrictions / special safety instructions: _____

## 8. PARENT COMMUNICATION

Updates preferred: ■ Only if necessary ■ Every 1–2 hours ■ At meals/nap ■ Other: _____
Parent's preferred contact method: ■ WhatsApp ■ Phone ■ Other: _____

## 9. AUTHORIZED RELEASE / SPECIAL INSTRUCTIONS

Only the parent/guardian or person specifically authorized by the parent may receive the child at the end of care.
Authorized person(s): _____
Additional instructions: _____
_____

## 10. ARRIVAL CHECK-IN & SIGNATURE

I confirm that I have provided accurate information about my child, including allergies, medical needs, medications, dietary restrictions, routines, and safety considerations. I have reviewed the care instructions with the nanny and understand that I should communicate any changes immediately.

Parent/Guardian Signature: _____ Date/Time: _____

Nanny Name: _____ Nanny Signature: _____

**FOR OFFICE USE:** ■ Emergency bag present ■ Nanny ID badge present ■ Child handoff completed ■ Parent instructions reviewed