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## Families Supporting Families Child Minding Information Sheet

**Families Supporting Families** (FSF) appreciate all children have differing needs. Please take the time to complete this form, with as much detail as possible, so our childminding staff can support your child in enjoying their time at the FSF evening.

FSF childminding is a social and networking opportunity for your child(ren) as well. Each child will have the opportunity to take part in a variety of activity options each evening, such as a 45 minute physical literacy class with Martial Arts Instructor, Master Brock Fee, (who is trained and experienced in working with children with diverse abilities, or take part in an adaptive game, an arts and crafts, our movie room, story time etc, which will be provided by our staff and trained volunteers.

Evening snack will also be provided so please make sure we are aware of any diet restrictions. Please fill out one information sheet per child.

\*\*\*\*\*

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Does your child have siblings? How many and their names? \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Diet conditions or requirements, favourite evening snack: \_\_\_\_\_

\_\_\_\_\_

Any health issues or conditions we should be aware of (ie. medications, in contact with communicable diseases, seizures): \_\_\_\_\_

\_\_\_\_\_



Is your child in diapers, in the process of using a toilet or toileting independently?  
Please explain. \_\_\_\_\_  
\_\_\_\_\_

Caregivers will change diapers. Please indicate if you would prefer to change your  
child's diaper. \_\_\_\_\_  
\_\_\_\_\_

Has your child attended daycare/ preschool/school/recreation programs before and  
have they had additional support? If yes please describe type / level of support?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's favorite activities and toy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears or concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special instructions concerning your child, you think is important for  
childminders to know that has not been listed above. This may include: behaviour,  
calming techniques used at home, is a flight risk etc.?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_  
(So our staff can connect with you if they have further questions)

**Please remember to update us on any changes to answers on this information sheet.**

If you have any questions, concerns, or suggestions around possible activities being  
offered, or any other part of our families supporting families evening, please let us know  
by phoning 250-753-0251 ext 259 or emailing kimberlee@nanaimocdc.com

***\*\*All Child-Minding information will be destroyed yearly if family is not continuing to  
attend Families Supporting Families evenings, or at your request.***