



Baby-sitter Information Sheet



Baby-sitter's Name _____ Date _____

Your Home Address _____

Your Home Phone _____ Work Phone _____

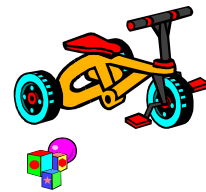
Your Cell Phone(s) _____

Where you will be _____ Phone _____

Time you will return home _____

Kid's Bedtime _____ Bedtime Routine _____

Snacks/Meals they can have



Medical Information:

In case of emergency, **DIAL 9-1-1**

Pediatrician's Name _____ Phone _____

Allergies or Other Information _____

Neighbors and Family for Emergency Contact:

Name

Phone

Cell

Additional Information:
