

BABYSITTING information sheet

Mom Name & Cell #: _____

Dad Name & Cell #: _____

House Address: _____

Kid's Names & Ages: _____

Wifi Information: _____

INSTRUCTIONS

FOOD

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Other: _____

ROUTINES

Activities: _____

Naps: _____

Bedtime Instructions: _____

Other: _____

ADDITIONAL NOTES: _____

IN CASE OF EMERGENCY

Doctor: _____ Health Insurance Info: _____

Police: _____

Fire: _____ Emergency Contact: _____

Notes: _____