

Parent Information

Parent Name: _____

Address: _____

Phone: _____

Parents are at _____

until _____

Child(ren) Information

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Allergies: _____

Child's Doctor: _____

Phone: _____

Playtime ideas: _____

Snack & meal suggestions: _____

Bedtime routines: _____

Just in Case

Babysitter's Back up Friend: _____

Phone: _____

Neighbor's Name: _____

Phone: _____

Special Instructions: _____



Babysitting 101TM Checklist



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