

BABYSITTER NOTES

PARENTS

MOM:

PHONE:

DAD:

PHONE:

OUR ADDRESS

KIDS

NAME / AGE:

NAME / AGE:

NAME / AGE:

NAME / AGE:

NAME / AGE:

EMERGENCY CONTACT

BABYSITTING DETAILS...

WHERE WE'LL BE:

WE'LL BE HOME AT:

HOUSE RULES:

BEDTIME(S):

SCREEN TIME (YES OR NO):

SCREEN RULES / LIMITS:

SNACKS / MEALS:

SUGGESTED ACTIVITIES:

POLICE

FIRE

HOSPITAL

POISON CONTROL