

# BABYSITTING FORM

Name		Mobile Number	
Home Address			
Emergency Contact		Mobile Number	

When is their bedtime?	
What is your normal bedtime routine?	
Activities children aren't allowed to do	
Is there any behaviour I need to watch out for?	
Any allergies/medical conditions I need to know about, medication to give, etc.	

Do I need to prepare a snack or meal?

**Any other comments:**