



Babysitting Checklist

PARENTS INFORMATION

Daddy's Name: _____

Work Phone Number: _____

Mobile Phone Number: _____

Mommy's Name: _____

Work Phone Number: _____

Mobile Phone Number: _____

OTHER CONTACT INFORMATION (Incase parents are not contactable)

Other Adult's Name: _____

Relationship to the Adult: _____

Home Phone Number: _____

Mobile Phone Number: _____

OTHER EMERGENCY NUMBERS

Fire: _____

Police: _____

Ambulance: _____

OUR HOME

Address: _____

OUR KIDS

Name: _____

Age: _____

Allergies: _____

Medications: _____

Favorite Toy: _____

Favorite Book: _____

Name: _____

Age: _____

Allergies: _____

Medications: _____

Favorite Toy: _____

Favorite Book: _____

HOUSE RULES

Meals and Snacks

Nap and Bed Time

Other Rules

SPECIAL REQUESTS