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## Baby Sitting Form

Date to babysit: \_\_\_\_\_ Hours to babysit: \_\_\_\_\_ to \_\_\_\_\_

Is an escort and transportation provided to and from assignment? \_\_\_\_\_

Number of children and their ages \_\_\_\_\_

Name of client: \_\_\_\_\_

Address of client: \_\_\_\_\_

Phone number of residence: \_\_\_\_\_ Cell phone numbers: \_\_\_\_\_

Destination of Clients:  
\_\_\_\_\_  
\_\_\_\_\_

Destination Phone number and possible contact \_\_\_\_\_

Family doctor name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other names and numbers to call upon:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children Bedtimes: \_\_\_\_\_

Special Instructions concerning Children: (food/allergies/tv times)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions concerning Babysitter: (emergency lighting/food)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_