

Family Details
Parent Names:

Tip: - Print out this form for your babysitter.

PARENT / BABYSITTER NOTES

DATE:

Child's Name:		Child's Age:	
Family Address:		Home Phone Nun	nber:
Where Parents Will Be			
Location:		Phone Number:	
Emergency Numbers Emergency Services:	Parent Mobile #1:		Parent Mobile #2:
all and a services.	raterit Mobile #1.		raieiil iviodile #2.
Relative:	Friend:		Neighbour:
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Safety Reminder Checklist First Aid Kit Other Important Safety Information Fire Extinguisher Alarm System Torch/Candles Electricity/Mains Parents' Instructions Medications/Special Needs Meal/Snack Time Bed Time Nappy/Toilet Training Discipline Play Television/DVD
Fire Extinguisher Alarm System Torch/Candles Electricity/Mains Parents' Instructions Medications/Special Needs Meal/Snack Time Bed Time Nappy/Toilet Training Discipline Play
Alarm System Torch/Candles Electricity/Mains Parents' Instructions Medications/Special Needs Meal/Snack Time Bed Time Special Training Discipline Play
Torch/Candles Electricity/Mains Parents' Instructions Medications/Special Needs Meal/Snack Time Bed Time Book Time Discipline Play
Electricity/Mains Parents' Instructions Medications/Special Needs Meal/Snack Time Bed Time Nappy/Toilet Training Discipline Play
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Nappy/Toilet Training Discipline Play
Discipline Play
Discipline Classification in the second sec
Play
Play
Television/DVD
Visitors
Off Limit Areas
BABYSITTER'S FEEDBACK