

# Babysitter Agreement

Babysitter Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Wage (per hour):\$ \_\_\_\_\_

## Family Information

Parents/Guardians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternative Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Child(ren) names and ages: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Medical/Allergy/Diet: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Needs/Likes/Toys: 1. \_\_\_\_\_ 2. \_\_\_\_\_



## Responsibilities

Meals:  Breakfast  Lunch  Dinner  Snack(s)

Times and what to eat: \_\_\_\_\_

Sleep:  AM Nap  PM Nap  Bedtime

Times and routine: \_\_\_\_\_

Activities:  Outside play  Reading  Bath  Crafts  Toys

Other suggested activities: \_\_\_\_\_



## House Rules

Screen time:  None  TV  Gaming  Computer  Phone

How long and what content: \_\_\_\_\_

Friends over: No Yes. If yes, who and for how long: \_\_\_\_\_



### Emergency Information

Pediatrician Name/Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Poison Control: 800-222-1222

### For the Sitter

Wifi password: \_\_\_\_\_

Help yourself to: \_\_\_\_\_