Babysitters Information

My Name:	Cell phone			
Child's Name:				
While out, I will be at: (location / phone number)			at	
	(location / phone number)		(time)	
Then I will be at:	(location / phone number)	at		
	(location / phone number)		(time)	
Food / other allergies r	my child has:			
Snack:Time: (what kind of snack?)				
(what kin	nd of snack?)			
Bedtime:				
Activities (books, toys, sor	ngs, etc.) my child likes are:			
, , ,				
Emorgoney Contactor				
Emergency Contacts:				
Baby's Doctor:	Phone Number			
Neighbor's name, address	, phone number:			
Other person to contact in	a case of omorgansy			
Other person to contact in	case of emergency:			
Notes:				
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