

Babysitting / Temporary Care

Fee: \$55 (3 hours)

Child's Information

Name of Child:

Age:

Date of Birth:

Gender : ☐ Male ☐ Female

Date(s) Care Needed:

Drop-off Time:

Pick-up Time:

Parent – Please state below:

I confirm that my child:

- Is in good health today
- Has no known allergies at this time
- Is not currently on any medication
- Is not showing any signs of illness

Parent Signature: _____ Date: _____

Babysitter Record at Pick-up

- Child's condition remained stable during care
- No signs of illness or changes in health noted
- Summary of activities / behavior (if any):

Babysitter Signature: _____ Date: _____

Additional Information by Parent

- Child's any Special Needs: _____

I understand that

- No medication will be administered by Babysitter during temporary care.
- Food and milk will be provided by the parents.

Parental Instructions for Child's Care

Parents are requested to provide a brief write-up or schedule to help the babysitter understand their child's needs, including:

- Napping time and routine
- Feeding schedule and food preferences
- Comfort items or calming techniques
- Potty/diapering schedule
- Any additional notes on behavior, play preferences, or sensitivities

Schedule/Instructions:

Parent Acknowledgment at Pick-up:

I confirm I have received my child in good condition and understand that the babysitter is not responsible for any illness that may arise after care.

Parent Signature: _____ Date: _____