





## **FAMILY INFORMATION**

Parent's name:			
Parent's mobile number:			
Emergency contact name:			
Emergency contact number:			
	Child 1	Child 2	Child 3
Name			
Age			
Allergies or medical issues			
Fears			
Food permitted			
Food not permitted			
Bed times			
Bed comforters			
Bed time: lights on/off			
Bed time: door open/closed			
Family preferences Some examples you can run through with your babysitter include: television, devices, areas out of bounds, rules, and any other information to ensure your family has a wonderful experience.			

