Babysitter Information

www.the-organized-life.com

Address for Our House: _____

We will be at _____ & **return home around** _____.

Contact Information: Mom's Phone #: _____

Dad's Phone #: _____

Allergy/Medical Information: Child's Name: _____ Medical Need:_____

Instructions:

_____

_____

_____

Dinner Instructions:

_____

_____

Bedtimes:

Name: _____ Bedtime:_____

Special Instructions:

_____

_____

Name: _____ Bedtime:_____

Special Instructions:

_____

_____

Name: _____ Bedtime:_____

Special Instructions:

_____

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