

BABYSITTER'S INFORMATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Phone # \_\_\_\_\_ Age \_\_\_\_\_ (Or check if an adult\_ \_

(Please write "yes" or "no" by each) Are you willing to babysit on...

\_\_\_ School nights? \_\_\_\_\_ Weekends? \_\_\_\_\_ Summer daytime?

Have you taken a babysitting class? \_\_\_\_\_ Had C.P.R. training? \_\_\_

Please list any restrictions/notes/preferences you want us to put on the final form:

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