



National Child Safety Council

# Sitter™

## About the Family

Last Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Number of children: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Allergy/Meds: \_\_\_\_\_

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Weight: \_\_\_\_\_ Allergy/Meds: \_\_\_\_\_

### House Rules or Instructions For:

TV: \_\_\_\_\_

Computer/Tablet: \_\_\_\_\_

Phones: \_\_\_\_\_

Movies: \_\_\_\_\_

Meals: \_\_\_\_\_

Snacks: \_\_\_\_\_

Friends Over: \_\_\_\_\_

Visiting Friend's House: \_\_\_\_\_

Field Trips: \_\_\_\_\_

Bedtimes: \_\_\_\_\_

### Number of Pets: \_\_\_\_\_

Name/Type: \_\_\_\_\_

Name/Type: \_\_\_\_\_

### \_\_\_\_\_ 's Favorites:

(Child's Name)

Food: \_\_\_\_\_

Toy: \_\_\_\_\_

Book: \_\_\_\_\_

Hobby: \_\_\_\_\_

Craft: \_\_\_\_\_

Sport: \_\_\_\_\_

Game: \_\_\_\_\_

Activity: \_\_\_\_\_

Music/Song/Artist: \_\_\_\_\_

Instrument: \_\_\_\_\_

Movie: \_\_\_\_\_

TV Show: \_\_\_\_\_

Video: \_\_\_\_\_

Video Game: \_\_\_\_\_

Phone App.: \_\_\_\_\_

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(Child's Name)

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Video Game: \_\_\_\_\_

Phone App.: \_\_\_\_\_