Resort Sitters-Child Information Form

Please fill out the following form so that we may better care for your child.

Child's Name:						Age:				
Parents' Names:										
Cell/Emergency Contact #'s:										
	Stroller/Car	rrier Diaper Bag			Blanket/Toys		6	Bottle/Sippy		
Descriptions of child's belongings	,			J	. ,					
**Please affix name tags to your child and their belongings										
Bottle?		Vhat time? Hov			much?			Food/snacks?		
Nap Neede	What time?				How Long?					
What comforts your child?										
Allergies:										
Medications/ Directions:										
Anything else we should know?										
To be filled out by the sitter										
Time										
Dirty or Wet										
Diaper										
Bottle or										
Snacks							1			

Other Notes: