

# The Baby Sit Kit

printable

**The Baby Sit Kit** FAMILY NOTES

**HOUSEHOLD INFO**

Parents Names \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 Neighbor Info \_\_\_\_\_  
 Pet(s) & Veterinary Location \_\_\_\_\_

**KID INFO**

Child Name \_\_\_\_\_ Age \_\_\_\_\_ Allergies \_\_\_\_\_  
 Child Name \_\_\_\_\_ Age \_\_\_\_\_ Allergies \_\_\_\_\_  
 Child Name \_\_\_\_\_ Age \_\_\_\_\_ Allergies \_\_\_\_\_  
 Child Name \_\_\_\_\_ Age \_\_\_\_\_ Allergies \_\_\_\_\_  
 Up-join Location \_\_\_\_\_  
 Pediatrician Info \_\_\_\_\_

**ADDITIONAL NOTES**

**The Baby Sit Kit** INFANTS & TODDLERS

**THE YUMMY STUFF** (write down if not for your section)

Feed Bottle: Yes No what time \_\_\_\_\_  
 Feed Meal: Yes No what time \_\_\_\_\_  
 Meal details: \_\_\_\_\_  
 Feed Snacks: Yes No what time \_\_\_\_\_ optional \_\_\_\_\_

**SWEET DREAMS**

Cries a nap: Yes No what time \_\_\_\_\_ Brush Teeth: Yes No  
 Down for Bed: Yes No what time \_\_\_\_\_ While sleeping \_\_\_\_\_  
 Hightails (waking, wiggling, etc.) \_\_\_\_\_

**THE STINKY STUFF**

Potty Trained: Yes No Using Diapers: Yes No what / especially \_\_\_\_\_  
 Hightails \_\_\_\_\_

**THE GOOD STUFF**

Favorites (day, week, night, season) \_\_\_\_\_  
 Hints for Calming \_\_\_\_\_

**SLEEPS THE BEST**

New Item \_\_\_\_\_ Old for \_\_\_\_\_ What I did when they slept \_\_\_\_\_  
 New Item \_\_\_\_\_ Old for \_\_\_\_\_

**WAKES THE BEST**

Diaper Changed: 1 2 3 4 \_\_\_\_\_  
 Potty Success: Yes No \_\_\_\_\_ What they ate \_\_\_\_\_

**The Baby Sit Kit** BABYSITTER LIST

Name \_\_\_\_\_ Age \_\_\_\_\_ Drinks: Yes No  
 Home \_\_\_\_\_ Cell \_\_\_\_\_  
 Notes \_\_\_\_\_

**The Baby Sit Kit** INSTRUCTIONS & SUMMARY

**INSTRUCTIONS**

Feed Meal: Yes No  eye  
 Feed Snacks: Yes No  eye  
 No Yes  eye  
 No Yes  eye  
 No Yes  eye  
 No Yes  eye

**WHAT WE DID**

Games/Activities \_\_\_\_\_  
 Crafts \_\_\_\_\_  
 Books/Video \_\_\_\_\_

Drinks: Yes No  
 Drinks: Yes No  
 Drinks: Yes No  
 Drinks: Yes No  
 Drinks: Yes No

**OR**

Notes \_\_\_\_\_  
 for night time \_\_\_\_\_

Who to report: Yes No (eye)

**ES**

Number \_\_\_\_\_  
 Number \_\_\_\_\_

