BABYSITTING CHECKLIST

		Neighbor: Other:
4		
	House rules	
Child's name:		Child's name:
Age:		Age:
Allergies:		Allergies:
■ Medication	ns:	Medications:
Child's name:		Child's name:
Age:		Age:
Allergies:		Allergies:
Medications:		■ Medications:
		TAND to TAND THE REST OF

KID to KID HE BEST OF KIDS' RESALE