



BABYSITTER INFORMATION

EMERGENCY: _____
 PARENTS NAMES: _____
 ADDRESS: _____
 DAD CELL PHONE NUMBER: _____
 MOM CELL PHONE NUMBER: _____
 EMERGENCY CONTACT: _____
 CONTACT PHONE NUMBER: _____
 BUS PHONE NUMBER: _____

CHILD NAME: _____
 AGE: _____
 CHILD NAME: _____
 AGE: _____
 CHILD NAME: _____
 AGE: _____

MEALS: _____ RULES: _____

BECHTIME ROUTINE: _____ NOTES: _____

HEALTH INFORMATION

HEALTH INSURANCE PROVIDER: _____
 POLICY NUMBER: _____
 MAILING ADDRESS: _____
 PHONE NUMBER: _____

PRIMARY CARE DOCTOR: _____
 ADDRESS: _____
 PHONE NUMBER: _____

PEDIATRICIAN: _____
 ADDRESS: _____
 PHONE NUMBER: _____

OB/GYN: _____
 ADDRESS: _____
 PHONE NUMBER: _____

DENTAL INSURANCE PROVIDER: _____
 POLICY NUMBER: _____
 MAILING ADDRESS: _____
 PHONE NUMBER: _____

DENTIST: _____
 ADDRESS: _____
 PHONE NUMBER: _____

INSURANCE INFORMATION

AUTO PROVIDER: _____
 POLICY NUMBER: _____
 MAILING ADDRESS: _____
 AGENT: _____
 PHONE NUMBER: _____

LIFE PROVIDER: _____
 POLICY NUMBER: _____
 MAILING ADDRESS: _____
 AGENT: _____
 PHONE NUMBER: _____

HOMEOWNERS PROVIDER: _____
 POLICY NUMBER: _____
 MAILING ADDRESS: _____
 AGENT: _____
 PHONE NUMBER: _____

OTHER PROVIDER: _____
 POLICY NUMBER: _____
 MAILING ADDRESS: _____
 AGENT: _____
 PHONE NUMBER: _____

SCHOOL INFORMATION

SCHOOL NAME: _____
 ADDRESS: _____
 PHONE NUMBER: _____
 PRINCIPAL: _____
 NURSE: _____
 BUS #: _____
 BUS DRIVER: _____
 BUS PHONE NUMBER: _____

CHILD NAME: _____
 TEACHER: _____
 CLASSROOM: _____
 ROOM NUMBER: _____

CHILD NAME: _____
 TEACHER: _____
 CLASSROOM: _____
 ROOM NUMBER: _____

CHILD NAME: _____
 TEACHER: _____
 CLASSROOM: _____
 ROOM NUMBER: _____

UTILITIES INFORMATION

CABLE: _____
 Account Number: _____
 Phone Number: _____

GAS: _____
 Account Number: _____
 Phone Number: _____

HOUSEKEEPING: _____
 Account Number: _____
 Phone Number: _____

INTERNET: _____
 Account Number: _____
 Phone Number: _____

LAWN CARE: _____
 Account Number: _____
 Phone Number: _____

PHONE: _____
 Account Number: _____
 Phone Number: _____

TRASH: _____
 Account Number: _____
 Phone Number: _____

WATER: _____
 Account Number: _____
 Phone Number: _____