

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 Categories/Names _____

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 30 sec for prep notes)

Feed Bottle: Yes No what time _____ A. M. P. M.
 Feed Meal: Yes No what time _____
 Meal details: _____
 Feed Snacks: Yes No what time _____ optional _____

SWEET DREAMS

Once 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

See how _____ Check for _____ What I did when they slept _____

WAKES THE BEST

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

The Baby Sit Kit INSTRUCTIONS & SUMMARY

INSTRUCTIONS

Feed Meal: Yes No eye
 Feed Snacks: Yes No eye
 Nap: Yes No eye
 Bed: Yes No eye
 Bath: _____

WHAT WE DID

Games/Activities _____
 Crafts _____
 Books/Video _____

OR

Notes _____
 for next time _____

Who to report: Yes No (eye)

ES

Number _____
 Number _____

The Baby Sit Kit BABYSITTER LIST

Name _____ Age _____ Drinks: Yes No
 Home _____ Cell _____
 Notes _____

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

