

## Kids Night In Babysitting Services Intake Form

Each family must complete and submit their own intake form and will be billed for services separately. One parent/family may act as the primary point of contact for scheduling purposes.

Name, date of birth, and age of each child

1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

5 \_\_\_\_\_ 6 \_\_\_\_\_

Please list any allergies, medications, medical or developmental concerns/issues

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Will there be any family pets on the premises during the babysitting sessions? If so, please list pet details (number, breed, disposition, special care procedures, etc.)

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Parent's Names \_\_\_\_\_

Parent's cell phone number(s) \_\_\_\_\_

Parent's Venmo or PayPal account \_\_\_\_\_

Dates and times – specific start and end times for each day requested (if requesting more than four dates of service please list additional dates at the bottom of this form);

1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

Name of Villa/Hotel/Resort \_\_\_\_\_

Property Manager/Management Company contact information (email/phone number):

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Are children allowed to swim (or if infants or toddlers, go into water with sitter) with direct constant supervision? \_\_\_\_\_

Please list anything else specific to your child(ren) that we should know about prior to our sitting engagement, such as special dietary or behavioral needs, bedtime, screen time restrictions, etc.

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