

Kids Night In Babysitting Service Intake form

Childrens' names and ages

1 _____

2 _____

3 _____

4 _____

Any medical or developmental concerns including allergies _____

Parents names _____

Parents Cell number(s) _____

Dates and time frames requested _____

Villa where you will be staying _____

Villa/property management company (in case we need to contact for directions)

Can the kids swim while you are not present? _____

Level of swimming competency? _____

Any other info you think we need to know prior to our sitting engagement? _____

Additional comments/questions _____
