

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, D.O.B. and age of each child

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

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

Parent's Names _____

Parent's cell phone number(s) _____

Parent's Venmo or PayPal account _____

Credit card information;

Name on Card _____

Card Type (VISA, MC, Amex) _____ Card Number _____

Expiration (Month/Year) _____ CV Code _____ Billing Zip Code _____

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):

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.
