

Babysitting Orientation Form

Child and Babysitting Safety

Family's Last Name _____

Family

Parent/Guardian _____ Relation _____ Cell _____

Parent/Guardian _____ Relation _____ Cell _____

Child _____ Age _____ Details _____

Child _____ Age _____ Details _____

Child _____ Age _____ Details _____

Other Family Details _____

Communication

Contact Preference Call Text Phone Preference Home Babysitter's Cell

Location of Home Phone _____

Answer Calls on Home Phone? Yes No Where to Put Messages? _____

Safety

Is it okay to NOT answer the door? Yes No

Potentially Dangerous Things in House? _____

Outside Play? Yes No Details _____

Off-Limit Areas _____

Animals? Yes No Details _____

Safe Area for Brief Times of Non-Supervision _____

Food

Meal/Snack Details _____

Dishes/Utensils Location _____

Stove/Microwave Operation _____

Where to Sit/Equipment _____

How to Serve Foods _____

Food Allergies? Yes No Details _____

Off-Limit Foods? Yes No Details _____

Bottle Preference (Infants) Breast Milk Formula

Bottle Feeding Details _____

After-Meal Clean-up Details _____

Family's Last Name _____

Diapering/Using the Bathroom

Diaper Preference Disposable Cloth Details _____

Diaper Change Every 2 Hours When Wet Diaper Cream? Yes No

Diaper Disposal _____

Bathroom Details _____

Soiled Clothes Instructions _____

Playtime

Favorite Games/Activities _____

Off-Limit Games/Activities _____

Screen Time Details _____

After-Playtime Clean-up Details _____

Clean-Up

Location of Cleaning Supplies _____

Location of Garbage Can _____

Behavior

Cooperation Tips _____

Comforting Tips _____

Approach to Difficult Behavior _____

When to Call Parents? _____

Sleep

Naptime/Bedtime Details _____

Safe Sleep Instructions (Infants) _____

Baby Monitor Yes No Details _____

Sleep Time Tips _____

Medical Information

Medical Issues _____

Medications _____

If Something Goes Wrong

Protected Location inside House _____

Outside Meeting Location _____

Trusted Neighbor(s) _____ Phone _____

Babysitter

Okay to Read/Do Homework While Kids are Sleeping? Yes No

Okay to Contact My Parents? Yes No Can You Provide Me Transportation? Yes No

Walk-Through Notes _____