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 512-200-4418 ☎

## FAMILY INFORMATION

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

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Allergies: \_\_\_\_\_

Allergies: \_\_\_\_\_

Notes: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Parent: \_\_\_\_\_

Other: \_\_\_\_\_

Parent: \_\_\_\_\_

Doctor: \_\_\_\_\_

Bedtime/naptime: \_\_\_\_\_

Pet Name(s): \_\_\_\_\_



Address: \_\_\_\_\_

Bedtime routine: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



Mealtimes/snacktimes: \_\_\_\_\_

Foods to eat: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Notes: \_\_\_\_\_



\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

My child likes \_\_\_\_\_

My child dislikes \_\_\_\_\_

When my child gets upset, it's best to \_\_\_\_\_

When my child is being awesome, we love to \_\_\_\_\_

What do you consider misbehavior in your child \_\_\_\_\_

How would you like us to handle it if your child misbehaves? \_\_\_\_\_

In regards to screen time, we prefer \_\_\_\_\_

In regards to snacks & treats, we prefer \_\_\_\_\_

Notes: \_\_\_\_\_





Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Every family has different needs and expectations. While some of the following questions may seem to have obvious answers, we have found that the answers vary greatly for different families. Please provide as much detail as possible so the sitter is able to meet your expectations.

Baby's feeding schedule (i.e. every 2 hours OR 8am, 10:30am, etc.) \_\_\_\_\_

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How is baby fed? (breast or bottle? Are bottles breastmilk or formula?) \_\_\_\_\_

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If sitter will prepare bottles, please give specific instructions on your preference for preparation. \_\_\_\_\_

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Does your baby eat solids? If so, would you like your sitter to feed solids? Please explain. \_\_\_\_\_

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How would you like baby to be fed while the sitter is there? (bring baby to you for nursing, feed bottle, etc.) \_\_\_\_\_

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Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

If you would like the sitter to clean bottles, please give specific instructions for your cleaning requirements. (i.e. sanitized by boiling, handwashed with soap and water, dishwasher, etc.) \_\_\_\_\_

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What activities would you like your sitter to do with your child during awake time? (i.e. tummy time, stroller walk, reading, etc.) \_\_\_\_\_

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Baby's nap/sleep schedule (i.e. 1 hour wake windows OR 9am, 11am etc.) \_\_\_\_\_

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What is nap/bedtime routine? How does baby fall asleep? (fed, rocked, independent sleeper? White noise/sound machine, black out shades, etc.? In bassinet, crib, own room?) \_\_\_\_\_

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Notes: \_\_\_\_\_

