

#### FIRST DAY

# **BABYSITTER** CHECKLIST

Get started on the right foot.

(Care.com

OUR CONTAC	CT INFO	
Parent's name	phone number	location today
Parent's name	phone number	location today
Home address		return time
If you need to reach me: Te	xt me Call me	



## A IN CASE OF EMERGENCY

Local police	Fire department	Poison control	
		Let 10	
Emergency contact 1	phone number	relationship	
Emergency contact 2	phone number	relationship	
	process statement		



Child's name:	
Screentime Restrictions on programming or time?	
Wi-Fi password	
House phone policy  Answer and take message  Let voicemail get it	
Alarm code	

## HEALTH & SAFETY

HOUSE & RULES

No shoes in the house? Pets stay inside?

Personal cell phone policy

Limit to emergencies

OK is child if sleeping

Occasional usage is fine

Only to communicate with our family

Top house rules

Allergies or medical issues Include dosages and times for medications		Location of er	mergency items yl, Epipen	
Children's doctor	phone number		address	
Medical insurance provider number	phone	e number		
Children's dentist	phone	e number		
Please use : sunscreen bug spray			Q	



Child's name:	



### MEALS & SNACKS

Breakfast	Snack	Lunch	Snack	Dinner
:	:	:	:	:
Favorite foods			Foods t	o avoid



# NAPS & BEDTIME

Nap #1	Nap #2	Bedtime	Bedtime routine
:	:	:	
In the crib			
Child only			
Stuffed anim	al & blankets ok		



#### **FUN & FAVORITES**

Favorite toys, games, and activities



What does your family like to do for fun

Special notes

