

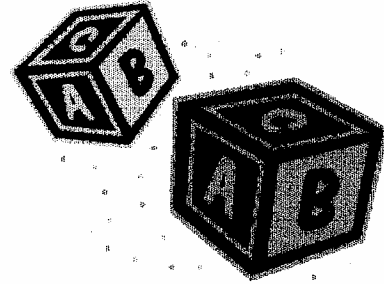
Baby-Sitter Notes

Our name: _____

Our phone number: _____

Our address: _____

Closest intersection: _____



Where to Find Us

Where we'll be: _____

Address: _____

Phone: _____

Cell phone: _____

Time expected home: _____

Pager: _____

Special Instructions

Mealtime: _____

Snacks: _____

Bedtime: _____

Allergies: _____

Medications: _____

Additional Information: _____

In an Emergency

Emergency: Call 911

Doctor: _____

Phone: _____

Neighbor: _____

Phone: _____