

# BABYSITTING ORIENTATION FORM



## FAMILY

LAST NAME: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relation \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relation \_\_\_\_\_ Cell \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_ Details \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_ Details \_\_\_\_\_

Family Details \_\_\_\_\_

## COMMUNICATION

Contact Preference  Call  Text

Phone Preference  Home  Babysitter's Cell

Answer Calls on Home Phone?  Yes  No Phone Location in the Home \_\_\_\_\_

Where to Leave Messages \_\_\_\_\_

## SAFETY

Answer the Door?  Yes  No Outside Play?  Yes  No Details \_\_\_\_\_

Potentially Dangerous Things in House? \_\_\_\_\_

Off-Limit Areas? \_\_\_\_\_

Animals?  Yes  No Animal Names/Other 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 Cleanup Details \_\_\_\_\_

## DIAPERING/USING THE BATHROOM

Diaper Preference  Disposable  Cloth Diaper Change  Every 2 Hours  When Wet

Diaper Cream?  Yes  No

Diaper Disposal \_\_\_\_\_ Diaper Details \_\_\_\_\_

Bathroom Details \_\_\_\_\_

Soiled Clothing Instructions \_\_\_\_\_

**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?** \_\_\_\_\_

**Naptime/Bedtime Details** \_\_\_\_\_

**Baby Monitor**  Yes  No **Details** \_\_\_\_\_

**Safe Sleep Instructions (Infants)** \_\_\_\_\_

**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** \_\_\_\_\_