

Angel Shot Baby Sitting Parent Intake & Child Care Information Form

Please complete all information below to help us provide safe, professional, and personalized care for your child(ren) and pets.

Parent / Guardian Information

Parent/Guardian Full Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Emergency Contact Name & Number: _____

Child #1 Information

Child Full Name: _____

Date of Birth / Age: _____

Nickname Preferred: _____

School / Daycare: _____

Allergies: _____

Medications & Dosage Instructions: _____

Medical Conditions / Diagnoses: _____

Behavioral Concerns: _____

Special Needs / Accommodations: _____

Food Allergies / Restrictions: _____

Favorite Foods/Snacks: _____

Nap Schedule / Bedtime Routine: _____

Activities / Hobbies: _____

Child #2 Information

Child Full Name: _____

Date of Birth / Age: _____

Nickname Preferred: _____

School / Daycare: _____

Allergies: _____

Medications & Dosage Instructions: _____

Medical Conditions / Diagnoses: _____

Behavioral Concerns: _____

Special Needs / Accommodations: _____

Food Allergies / Restrictions: _____

Favorite Foods/Snacks: _____

Nap Schedule / Bedtime Routine: _____

Activities / Hobbies: _____

Child #3 Information

Child Full Name: _____

Date of Birth / Age: _____

Nickname Preferred: _____

School / Daycare: _____

Allergies: _____

Medications & Dosage Instructions: _____

Medical Conditions / Diagnoses: _____

Behavioral Concerns: _____

Special Needs / Accommodations: _____

Food Allergies / Restrictions: _____

Favorite Foods/Snacks: _____

Nap Schedule / Bedtime Routine: _____

Activities / Hobbies: _____

Child #4 Information

Child Full Name: _____

Date of Birth / Age: _____

Nickname Preferred: _____

School / Daycare: _____

Allergies: _____

Medications & Dosage Instructions: _____

Medical Conditions / Diagnoses: _____

Behavioral Concerns: _____

Special Needs / Accommodations: _____

Food Allergies / Restrictions: _____

Favorite Foods/Snacks: _____

Nap Schedule / Bedtime Routine: _____

Activities / Hobbies: _____

Babysitting Request Schedule

Requested Dates: _____

Start Time: _____ End Time: _____

Recurring Schedule Needed? _____

Preferred Sitter Gender (Optional): _____

We will try our best to accommodate sitter preferences but cannot guarantee availability.

Pet Care Information

Pet Name(s): _____

Pet Type/Breed: _____

Pet Age(s): _____

Veterinarian Name & Phone Number: _____

Feeding Schedule & Instructions: _____

Medication Instructions: _____

Allergies / Medical Conditions: _____

Behavior Concerns / Aggression Notes: _____

Favorite Toys / Activities: _____

Walking Instructions: _____

Crate or Sleeping Instructions: _____

Emergency Pet Contact: _____

Additional Pet Care Notes: _____

Emergency Authorization

I authorize Angel Shot Baby Sitting staff to seek emergency medical treatment for my child or pet if I cannot be reached.

Parent/Guardian Signature: _____

Date: _____

Angel Shot Baby Sitting

Safe Hands. Trusted Care.

All Employees CPR/AED Certified