

# MMS PTO Babysitting Swap Family Information Sheet

All new members fill out the following form and submit it to the Contact Person.

Contact Person Info 2/1/2009 - 4/30/2009:

Amy Ballinger

Email to [booji77@gmail.com](mailto:booji77@gmail.com)

Name of Member:

\_\_\_\_\_

Child 1: Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child 2: Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child 3: Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Phone Number:

\_\_\_\_\_

Alternate phone number (work? cell?) for short notice babysitting, if desired\*:

\_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Member's E-mail address:

\_\_\_\_\_

Time Preference:

\_\_\_\_\_

Will sit for children under 3 years old: \_\_\_\_ at home \_\_\_\_ in child's home \_\_\_\_ not at all.

Pets? \_\_\_\_\_ Smokers in house? \_\_\_\_\_

Special instructions (allergies, etc.):

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT:** Please give the sitter all contact and emergency information at every sit. This information should include cell phone numbers, emergency contact person, doctor's name and number, allergies, etc...

\*By providing an alternate phone number (cell, work) other members would be able to call to ask you to babysit on short notice even if you are not at home. If you prefer not to babysit on short notice or to receive calls only at home, please leave this space blank.