

# Anytime Sitters LLC



## Primary Contact

Name (required) \_\_\_\_\_

Occupation (required) \_\_\_\_\_

Phone Number (required) \_\_\_\_\_ Email (required) \_\_\_\_\_

## Secondary Contact

Name \_\_\_\_\_

Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

## Residence

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone / Pager \_\_\_\_\_

## Children

### First Child

Name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

### Second Child

Name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

### Third Child

Name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

### Fourth Child

Name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

**Further Information**

When is the best time to reach you? \_\_\_\_\_

What do you look for in someone who will be caring for your children?

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What do you expect from a potential babysitter?

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Do any of your children have special needs? If so, please describe.

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Does anyone else live in the home other than the above listed individuals? If so, please indicate name, age, and if they will be in the home when the babysitter would be there

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Does the household have any pets? If so, please describe.

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Will the babysitter be responsible for the care of the animal while babysitting? If so, please describe.

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Some of our sitters are stay-at-home-moms. Would it be okay for a sitter to bring her own child to the sitting job (provided neither child is sick)?

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Please indicate any additional comments, concerns, special situations, or needs regarding your children that you would like Anytime Sitters and a potential babysitter to know.

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Please list any upcoming dates that you know you will need a sitter for.

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How did you hear about us?

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Confirmation

By signing below, you agree that the information provided here is accurate to the best of your knowledge.

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Signature

Date