Babysitting.lu
Where parents and babysitters connect
Annexe 2

FORM FOR
BABYSITTERS

First name of child:

Name of child:

Child's date of birth: ___ / ___ / 20___

Adress:

1

Parent/Guardian:

Phone number:

2

Parent/Guardian:

Phone number:

3

Contact person in case of emergency:

Phone number:

SOS   **Police: 113 | Firefighters: 112 | Ambulance: 112**   SOS

Diseases: **Medicines / Information:**

Allergies/Intolerances: **Medicines / Information:**

Favourite activities:

Bedtime & rituals:

Mealtimes & eating habits:

Hourly fee: _____ € / Hour   and/or   **Package rate:** _____ € / Evening

Method of payment: ☐ **Cash**   ☐ **Payconiq**

Babysitter's transportation: ☐ **Organizes its transport / Public transport**   ☐ **Responsibility of parents/guardians**