



FORM FOR PARENTS/GUARDIANS

First name
of babysitter:

Name
of babysitter:

Date of birth
of the babysitter: ___ / ___ / ____

Adress
of the babysitter:



Babysitter's
phone number

Emergency contact person
of the babysitter:

Phone number:

Contact person
of the babysitter:

Phone number:



Diseases
of the babysitter:

Medicines /
Information:



Allergies/Intolerances
of the babysitter:

Medicines /
Information:



Hobbies
of the babysitter:



Favourite activities
of the babysitter:

Other information:

Other information:



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