



## Baby Sitting Form

Parents / Guardians Name: .....

Mum: .....

Dad: .....

Address: .....

.....

.....

Mum contact number: .....

Dad contact number: .....

Emergency contact number: .....

Name of Child 1: .....

Name of Child 2: .....

Name of Child 3: .....

D.O.B of Child 1: .....

D.O.B of Child 2: .....

D.O.B of Child 3: .....

Address of Child/ren if different from above: .....

.....

**Child 1** Likes & Dislikes: .....

.....

.....

.....

.....

Are they toilet trained? Yes No

Do they have any allergies? Yes No

If yes how would you like us to treat them if they have an allergic reaction in our care?

.....

.....

.....

**Child 2** Likes & Dislikes: .....

.....  
.....  
.....

Are they toilet trained? Yes No

Do they have any allergies? Yes No

If yes how would you like us to treat them if they have an allergic reaction in our care?

.....  
.....  
.....

**Child 3** Likes & Dislikes: .....

.....  
.....  
.....

Are they toilet trained? Yes No

Do they have any allergies? Yes No

If yes how would you like us to treat them if they have an allergic reaction in our care?

.....  
.....  
.....

Does your child/ren have a specific sleep routine? Yes No

If so what is their current sleep routine? .....

.....  
.....  
.....

Are you happy for anyone who works within our team to babysit your child/ren at Bonding School?

Yes No. If no, who would you like specifically to take care of your child/ren? .....

.....

**Managers Signature:** Teamara Adams

**Date:**

**Parent/Carers Signature:**

**Date:**



enquiries@bondingschool.com  
07831 956 367  
BondingSchool.com  
BondingSchool