



Babysitting Co-op Program

Member Information

Names:

(Both Parents)

Address:

City:

Telephone:

Emergency Contact :

Number of Children: _____

Name:	Birthdate	Age	Heath Card #

Please circle

When will you most likely need the co-op service? Mornings Afternoons Evenings

Would you need overnight care? Yes No

Do any of your children have special needs? Yes No

If yes, explain: _____

Where do you need your childcare? At home Outside of home Both

Special Instructions:



Babysitting Co-op Program

Please circle

How many children (besides your own) are you comfortable with babysitting for at one time?

Do you have any age preferences? _____

Do you have any pets at home? Yes No

Do you smoke in your house? Yes No

Do you have Emergency First Aid Training? Yes No

Other than your children, have you looked after children of friends or family? Yes No

Are you and anyone over the age of 18 living in your household willing to get a criminal record check? Yes No

Please provide two references and phone numbers?

Contact Information

Mother's Name: _____
Occupation: _____
Work Number: _____ Cell or pager: _____
Email: _____

Father's Name: _____
Occupation: _____
Work Number: _____ Cell or pager: _____
Email: _____

Child's Name: _____
Date of Birth: _____ Age: _____
Allergies: _____ Medical Conditions: _____
Special Diet: _____
Please circle: Toilet Trained Diapers Pull-ups
Health Card Number: _____

Child's Name: _____
Date of Birth: _____ Age: _____
Allergies: _____ Medical Conditions: _____
Special Diet: _____
Please circle: Toilet Trained Diapers Pull-ups
Health Card Number: _____

Emergency Contact Information

Doctor's Name: _____ **Phone:** _____
Address: _____

Dentist's Name: _____ **Phone:** _____
Address: _____

Emergency Contact: _____ **Phone:** _____
Relationship _____

Emergency Contact: _____ **Phone:** _____
Relationship _____

Emergency Contact: _____ **Phone:** _____
Relationship _____

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Consent Form

- 1) It is the policy of _____ Babysitting Co-op member to notify a parent when a child is ill or needs medical treatment. Occasionally we cannot contact the parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency centre.

- 2) Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the Babysitting Co-op organizer who will keep this consent form on file.

- 3) I hereby give consent for my child/children _____ when ill be taken to the nearest emergency centre by the Babysitting Co-op Member when I cannot be contacted.

- 4) I hereby give consent for my child/children _____ to receive medical treatment.

Signature of Parent / Guardian

Date

Witness

Date

Babysitting Co-op Program

Members Availability Schedule

Please mark with an X when you are **not** available to offer childcare

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am-9am							
9am-10am							
10am-11am							
11am-12pm							
12pm-1pm							
1pm-2pm							
2pm-3pm							
3pm-4pm							
4pm-5pm							
5pm-6pm							
Evening							

Members Name: _____

Child or Children's Names: _____

Comments:

