

my babysitter's guide

Leaving your baby with a sitter is both a relief and cause for stress. Don't worry, the right preparation will ensure things go as smoothly as possible. First and foremost, make sure your sitter has all the important information she needs.



Use our handy Babysitter's Guide to save all of your baby's feeding, schedule and health information as well as your contact information.

baby's sleep patterns (fill in below):

wake-up time:

nap time:

from:

to:

typical napping schedule:

from: from: from:

to: to: to:

special sleeping instructions:

bottles:

time of last bottle:

ounces:

typical feeding schedule:

time: ounces:

time: ounces:

time: ounces:

time: ounces:

time: ounces:

time: ounces:

special feeding instructions:

foods:

breakfast time:

_____ : _____

breakfast foods include:

lunch time:

_____ : _____

lunch foods include:

snack time:

_____ : _____

snack foods include:

dinner time:

_____ : _____

dinner foods include:

special feeding instructions:

playtime:

favourite activities are:

favourite toys are:

favourite videos are:

favourite songs are:

playgroup schedule:

from: _____ :

to: _____ :

with: _____

at: _____

diaper changes:

time of last diaper change:

:

wet: dirty:

typical diaper schedule:

time: <input type="text"/> :	<input type="text"/>	wet: <input type="checkbox"/>	dirty: <input type="checkbox"/>
time: <input type="text"/> :	<input type="text"/>	wet: <input type="checkbox"/>	dirty: <input type="checkbox"/>
time: <input type="text"/> :	<input type="text"/>	wet: <input type="checkbox"/>	dirty: <input type="checkbox"/>
time: <input type="text"/> :	<input type="text"/>	wet: <input type="checkbox"/>	dirty: <input type="checkbox"/>
time: <input type="text"/> :	<input type="text"/>	wet: <input type="checkbox"/>	dirty: <input type="checkbox"/>
time: <input type="text"/> :	<input type="text"/>	wet: <input type="checkbox"/>	dirty: <input type="checkbox"/>

special diapering instructions:

bathing:

special bathing instructions:

medications:

medication #1:

dosage instructions:

medication #2:

dosage instructions:

important numbers:

my cell:

i'll be at:

phone:

paediatrician:

 phone: cell:

neighbour:

 phone: cell:

relative:

 phone: cell:

other:

 phone: cell:

hospital & insurance information:

hospital:

adress:

phone:

insurance provider:

phone:

member #: