## STAY & PLAY SITTER SERVICE CARE SHEET

Childs Name:		Parent's Name:	
Date:	Drop Off Time:	Estimated Pick Up Time:	
Who's Picking Up:		Cell Phone:	
Emergency/Alternate C (must be different from	ontact Name & Number: above)		
Special Instructions:			
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			the
Childs Name:	SITTER SERV	Y & PLAY /ICE CARE SHEET  _ Parent's Name:	
Date:	Drop Off Time:	Estimated Pick Up Time:	
Who's Picking Up:		Cell Phone:	
Emergency/Alternate C (must be different from			
Special Instructions:			
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