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 Pick Up Person for today: _____
(must be different from above and must show official photo ID at pick up if their photo is not uploaded in your KidCheck account)

Special Instructions:

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