

Westford Friends & Newcomers' Babysitting Co-op Application

Member Information

Name: _____

Phone: _____ Cell: _____ Email: _____

Childs Name: _____ Childs Birthdate: _____

Emergency Contact Information: (List in order of preference to contact)

Name	Phone Number	Relation to Child
------	--------------	-------------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Medical Information: (Voluntary – will not be duplicated for the records)

Special Medical Conditions:

Allergies:

Medications:

Pediatrician: (Name and Phone Number)

Hospital of Choice: _____

Insurance Information:

Carrier: _____

Member Number: _____

Group Number: _____

I understand that every attempt will be made to contact me or an emergency contact listed. In the event that no one can be reached, the bearer of this note has my permission to obtain emergency medical treatment for the children listed.

Signature: _____

Date: _____

Please list any sitting time preferences for you as a sitter (ie, no weekend eves, or Tues/Thurs mornings preferred): _____