

Babysitting Request Form

Requested Date(s): Requested Time(s): Room Number: Preferred Babysitter:					
			Name of Child	Age	Any Allergies or Medical needs?
					Yes/No
		Yes/No			
Please list any allergies or med	ical need in det	ail:			

Please email your completed form to Babysitting/Nana's Cottage Director, Annie Shannon at babysitting@hillsboroclub.org. Or mail to: Annie Shannon,