



Baby-sitting Co-op

Name:		
Address:		
Phone:		
Number of children you have:		
What neighborhood do you live in or what is a major landmark near your home?		
Does anyone in your home smoke?		
Do you have pets:		
What kind?		
How many kids can you watch (not including your own?)		
Age range you feel comfortable sitting for:		
Please indicate when you are most available:		
Weekend Days	Weekend Eves.	
Weekdays	Weekday Eves.	Varies
Would you be willing to sit at someone else's home?		
Would your husband be willing to baby-sit if you weren't available?		