



BABYSITTER REQUEST FORM



Parent(s) name: _____

Number of children: _____ Child(ren)'s age(s): _____

Days and times you are looking for a sitter: (circle all that apply)

Week days

Week nights

Weekend days

Weekend nights

Regularly

Occasionally

Your neighborhood or major cross streets: _____

Your phone number: _____

Your email address: _____

You may also email the above information to: mwilkie@ci.broomfield.co.us

This information will be sent out via email to all of the Red Cross certified Babysitters in our data base. They will then have the opportunity to respond to your request with a phone call or email.



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