# Coupon Coop Questionnaire

**Mother's Name**_____**Father's Name**_____

**Childrens' Names**

1. _____Birthday_____Allergies?_____
2. _____Birthday_____Allergies?_____
3. _____Birthday_____Allergies?_____
4. _____Birthday_____Allergies?_____
5. _____Birthday_____Allergies?_____
6. _____Birthday_____Allergies?_____

**Address**

_____City_____Zip_____

Neighborhood or Major Cross Streets _____

**Contact Info**

Primary Phone (to be used for people to call for babysitting) _____

Secondary Phone _____ ☐ Can use for babysitting calls ☐ For Emergencies only

Spouse's Phone _____ ☐ Can use for babysitting calls ☐ For Emergencies only

Email _____

What is your preferred method for people to reach you to request babysitting?

☐ Phone ☐ Text ☐ Email

**Emergency Contact Info** (in case of an emergency while someone is caring for your child and you cannot be reached):

Name_____Relationship_____

Phone_____Secondary Phone_____

Doctor_____Phone_____Preferred Hospital_____

What times are you more likely available for babysitting?

☐ AM ☐ PM ☐ Evenings ☐ Weekends ☐ Fri/Sat Night ☐ Sundays

What times are you likely unavailable for babysitting?

☐ AM ☐ PM ☐ Evenings ☐ Weekends ☐ Fri/Sat Night ☐ Sundays