

Baby-Sitting Request Form

Parent or Guardian's Name (First&Last): _____

Contact Number (country code): _____

Language/s preference of the Nanny: _____

Child Name	Age	Sex	Allergies/Medical Conditions

Service Request

Please, fill the following table including the start and ending time, the full address and if you might want the babysitter to stay longer after the set ending time.

Dates	Start time	Ending time	Full Address (room #)	Possibility of staying longer

If there is any other special instructions that we should know: _____

Please for services within 24hs, call us before you send your request.

Discount code: "BHKIDS"





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