



West Contra Costa Unified School District Baby Sitting Form

School Name: _____
Principal's Name: _____

Date of Meeting:	Meeting Time:
Type of Meeting:	Account Code:

Baby Sitting Roster

Child's Name (Please Print)	Parent's Name (Please Print)	Sign Out Parent's Signature

Number of Hours:	Amount:	
Baby Sitter's Name (Please Print)	Baby Sitter's Signature	
Street Address	City and State	Zip Code