



**CONNECTING FAMILIES**  
Babysitting Sign In/Out

**MEETING/ACTIVITY INFORMATION**

AREA/COUNTY:			
DATE OF MEETING/ACTIVITY:		START AND END TIMES:	
SITTERS ON DUTY:			

**For the safety of the children, FAFS reserves the right to limit number of children in care.**

**ATTENDEES- Please print clearly**

CHILD'S FIRST NAME	AGE	PARENT'S NAME	SIGN IN TIME	SIGN OUT TIME

Submit completed form via mail or email no later than 5 days following meeting to your assigned FAFS Family Advocate. FAFS 101 College Rd East, 3<sup>rd</sup> Floor Princeton, NJ 08540 or fax to 609.520.1515