

Babysitter Express
A Professional Childcare Service

Professional Nanny Reservation Form

Date: _____

Last Name: _____ First Name: _____

Email Address: _____

Phone: Home: _____ Cell: _____ Work: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Babysitting Location:

Check Here if Same as Mailing Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

Dates and Times

Start Date: _____ End Date: _____

Weekly Bi-weekly Number of Children: _____ Ages of Children: _____

Times	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
In							
Out							

Office Use Only:

Number of Weeks: _____ Potential Nanny Reserved: _____

Credit Card Number: ____/____/____/____ Use Credit Card on File

Expiration Date: ____/____ Name On Card: _____ Billing Zip Code: _____

I, the above mentioned guardian, authorize Babysitter Express to charge the above credit card for the reservation fee(s) for each reservation. Additionally, I authorize Babysitter Express to charge the above credit card for the appointment after services have been rendered. If reservation is canceled within 13 days of reservation, I authorize Babysitter Express to charge the above credit card a minimum \$39 processing fee. If canceled on the day of the reservation, I authorize them to charge the above credit card for the full reservation amount. I understand a Registration Form must be completed and signed prior to any services/reservations rendered.

Parent/Guardian Signature

Print Name

Date Signed