

Babysitter Express

your trusted childcare professionals

Registration Form

GUARDIAN INFORMATION

Maternal Parent/Guardian Name: _____

Place of Employment: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Paternal Parent/Guardian Name: _____

Place of Employment: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Primary Street Address: _____

City: _____ State: _____ Zip: _____

Preferred Contact Email: _____

(Email is the main contact method with Babysitter Express families. Confirmations and babysitter changes are emailed often.)

How did you hear about Babysitter Express? _____

EMERGENCY INFORMATION

Emergency Contact Name: _____ Relationship: _____

(For when the parent/guardian cannot be reached)

Emergency Contact Home Phone: _____ Cell Phone: _____

Pediatrician Name: _____ Office Name: _____

Pediatrician Phone: _____ Pediatrician Emergency Phone: _____

Preferred Hospital: _____

(To make the reservation and service processing times more efficient, Babysitter Express requests a valid credit card number to keep on file. On Reservation Forms, you may enter a different credit card number or use the credit card number on file. This card will be charged for your Annual Membership Fee.)

Credit Card Information: _____ / _____ / _____ / _____ Exp. Date: _____ / _____

Type of Card: _____ Name on Card: _____ Billing Zip Code: _____

Client Membership Level: Platinum (\$99) Gold (\$79) Silver (\$59)

CHILD INFORMATION

Child Name: _____ **Birth date:** _____

Allergies: _____

Preferred Foods: _____

Favorite Toys/Games/Books: _____

Learning Disabilities or Behavior Problems:

Bedtime Routine:

Daily Routine:

Child Name: _____ **Birth date:** _____

Allergies: _____

Preferred Foods: _____

Favorite Toys/Games/Books: _____

Learning Disabilities or Behavior Problems:

Bedtime Routine:

Daily Routine:

Child Name: _____ **Birth date:** _____

Allergies: _____

Preferred Foods: _____

Favorite Toys/Games/Books: _____

Learning Disabilities or Behavior Problems:

Bedtime Routine:

Daily Routine:

Child Name: _____ **Birth date:** _____

Allergies: _____

Preferred Foods: _____

Favorite Toys/Games/Books: _____

Learning Disabilities or Behavior Problems:

Bedtime Routine:

Daily Routine:

Please read the following carefully before signing the bottom of this form.

Payment Policy:

- Full payment is due for the total hours you have reserved. You may pay with credit/bank card. We cannot guarantee the sitter can stay longer if you have not reserved those hours beforehand.
- Babysitters cannot accept cash payments unless it is a gratuity.
- Gratuities can be prepaid, charged after services or given to the sitter in cash.
- All credit card information is confidential. Your credit card will not be charged for any unauthorized service.

Other Policies and Procedures:

- Client/Family can cancel up to 14 days before reservation with NO CHARGE.
- There will be a minimum of a \$39 processing fee if you need to cancel babysitting reservation within 13 days of start time.
- For same day cancellations, you are financially responsible for the hours you have reserved.
- You have reviewed the current rates. Rates are subject to change for special event weekends.
- Rates are based on a per sitter basis. Our policy requires a 1:2 ratio for children under 3 and a 1:4 ratio for children older than 3. In some cases, this may vary.
- Babysitters are not allowed to take children swimming without prior written consent on daily log.
- Babysitters are not allowed to drive children in private vehicles without prior written consent on daily log.
- Babysitters are not allowed to give children medications without prior written consent on daily log.
- Babysitter Express makes no representation as to the swimming, driving, or medical abilities of the babysitters and does not carry insurance to cover related risks.
- Over-time rates apply to the following Holidays: New Years Eve, New Years Day, Valentines Day, Easter, Memorial Day, Fourth of July, Labor Day, Thanksgiving, Christmas Day, and Special Event Weekends.

By signing an agreement with Babysitter Express, I, the undersigned guardian, agree to keep in confidence the identity of all child care professionals referred by Babysitter Express.

I understand I may not call any Babysitter Express child care professional directly to make changes or reservations. If I do call a Babysitter Express child care professional without contacting Babysitter Express directly, I understand that I will have a minimum \$2,000.00 penalty paid to Babysitter Express and possible legal action taken by Babysitter Express.

I am aware that on occasion, babysitters may be changed due to scheduling logistics after reservation confirmations have been made. I understand I will be notified of such changes.

I hereby authorize my Babysitter Express child care professional to provide or consent to emergency medical assistance to my children in the event that I or my emergency contacts cannot be reached.

I am aware of the Service Rates and Fees of Babysitter Express and what is included in my selected annual membership.

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| Maternal Parent/Guardian Signature | Print Name | Date Signed |
| | | |
| Paternal Parent/Guardian Signature | Print Name | Date Signed |

Office Use Only:

Assigned Family ID: _____ Welcome Letter Sent Referred By: _____
Client Membership Level: Platinum (\$99) Gold (\$79) Silver (\$59) CC Processed: Yes No