

If applicable Last minute fee = \$20.
Parking fees & Holiday rates may apply.



PRICES	4HR	5HR	6HR	7HR	8HR
1 kids=\$25	100	125	150	175	200
2 kids=\$27	108	135	162	189	216
3 kids=\$29	116	145	174	203	232
4 kids=\$31	124	155	186	217	248

I hereby relinquish all claims or possible liability with Care 4 Kids L.L.C. At no time will Care 4 Kids be held responsible for any damage or loss resulting from this placement/employment with a Care 4 Kids referral, including any non-negligent acts of commission or omission on my part or the part of the referred babysitter. I agree that Care 4 Kids will not be held liable for the reimbursement of any fees arising from any possible court costs or lawyers' fees stemming from any claim that may be made by any person. I am aware that pictures or videos with sound may be taken during this service to be used at any time by Care 4 Kids for advertising, marketing, or public relations with no royalties paid to me.

I agree to inform Care 4 Kids of any additional dates/times needed for childcare in addition to the original placement.
I agree not to, solicit service from or privately engage in business with the babysitter referred to me through Care 4 Kids.
I understand that each sitter has signed an agreement with Care 4 Kids that prohibits him/her from providing childcare on the side for a past or present client of Care 4 Kids without written consent.

I request the sitter seeks emergency medical care for my children if it becomes necessary.
I am aware that any cancellation made within 48 hours of the start time, will incur full charge.
I accept that there is a 4 hour minimum charge on each booking. *Please Initial* _____ X

Children's Names _____

Describe any allergies or health conditions _____

EMERGENCY CONTACT

My Cell Phone _____ Other _____

I give permission for my child/children to swim in the on premises pool under the Sitter's supervision with the understanding that the sitter may not be a certified lifeguard. YES NO

I have read and agree to all of the above conditions: YES NO

Signature _____ Date(s): _____

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Upon my return, I acknowledge that my children are in good health. *Please Initial* _____ X

Pricing already includes a 5% discount for cash and check payments. Credit Card payments will be properly adjusted.

Total hrs _____ # of kids _____ \$ per hr _____ = \$ _____ + (Gratuity) _____

Circle Payment Cash | Credit | Check (made payable to sitter) (Last min. or Parking fee) _____

Total Charge _____

Credit Card _____ Exp Date ____ / ____

Mailing Address _____

Email _____

Print Name _____ X Card Type Visa / MC / Amex / Disc

Signature _____ X Date _____ X

Sitter's Name _____

Scan Web Link



Add Testimonial
Re-Book

How was your sitter? To add a Testimonial, visit BabySittingInVail.com or call (970)748-0857

Care 4 Kids Multiple Bookings Info

	Date	Times	No. of Hrs	No. of kids	Charge per hr	Total Charge	Client's Initials	Sitter's Initials
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								

Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								

Totals _____

Gratuity _____

Total Charge _____

Carry total to front side

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