

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



| PRICES | 4HR | 5HR | 6HR | 7HR | 8HR |
|-------------|-----|-----|-----|-----|-----|
| 1 kids=\$23 | 92 | 115 | 138 | 161 | 184 |
| 2 kids=\$25 | 100 | 125 | 150 | 175 | 200 |
| 3 kids=\$27 | 108 | 135 | 162 | 189 | 216 |
| 4 kids=\$29 | 116 | 145 | 174 | 203 | 232 |

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 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 every booking. Please Initial _____**

I REQUEST THE SITTER SEEKS EMERGENCY MEDICAL CARE FOR MY CHILD/CHILDREN IF IT BECOMES NECESSARY.

Children's Names: _____

Describe any allergies or specific health conditions here:

IN AN EMERGENCY, I EXPECT TO BE CONTACTED AT THESE NUMBERR:

Cell number: _____ **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 _____

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

Circle Payment Type: Cash | Credit Card | Check (made payable to the sitter)

Total hrs: _____ **No. of kids:** _____ **@ \$:** _____ **pr. hr. = \$** _____ **+ (Gratuity)** _____

Credit Card# _____ **Exp Date** ____/____ **Total Charge\$** _____

Mailing Address: _____

Email: _____

Print Name: _____ **Card Type:** Visa / MC / Amex / Disc

Signature: _____ **Date** _____

Sitter's Name: _____

If you have any questions or would like to add a Testimonial, please visit www.babysittinginvail.com or call (970)748-0857