

# Hotel Request for Sitting Services

Date \_\_\_\_\_  
Guardian 1 \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Guardian 2 \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Name of Hotel \_\_\_\_\_ location \_\_\_\_\_ phone \_\_\_\_\_  
Hotel room has been reserved under the name \_\_\_\_\_ arrival date \_\_\_\_\_ time \_\_\_\_\_  
Room number (if available) \_\_\_\_\_

I am interested in scheduling Babies to Boomers for:  
day: \_\_\_\_\_ date: \_\_\_\_\_ time: \_\_\_\_\_ to: \_\_\_\_\_  
day: \_\_\_\_\_ date: \_\_\_\_\_ time: \_\_\_\_\_ to: \_\_\_\_\_  
day: \_\_\_\_\_ date: \_\_\_\_\_ time: \_\_\_\_\_ to: \_\_\_\_\_  
day: \_\_\_\_\_ date: \_\_\_\_\_ time: \_\_\_\_\_ to: \_\_\_\_\_

Who will we be caring for?  
Name \_\_\_\_\_ birth date and age \_\_\_\_\_ gender \_\_\_\_\_  
Name \_\_\_\_\_ birth date and age \_\_\_\_\_ gender \_\_\_\_\_  
Name \_\_\_\_\_ birth date and age \_\_\_\_\_ gender \_\_\_\_\_  
Name \_\_\_\_\_ birth date and age \_\_\_\_\_ gender \_\_\_\_\_  
Name \_\_\_\_\_ birth date and age \_\_\_\_\_ gender \_\_\_\_\_

Do any of your children have any allergies?  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to purchase an activity bag for \$30? Please note, we need one week's notice to accommodate this request. Yes \_\_\_\_ No \_\_\_\_

Please add anything that you feel is important for us to know concerning your children and your plans.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Babies to Boomers ?  
\_\_\_\_\_

## Babies to Boomers Temporary Services Client Understanding and Release:

### Understanding between parties:

1. Babies to Boomers agrees to make its best effort to locate temporary child caregivers for clients' child care needs on an as requested basis.
2. Client agrees to pay Caregiver directly for services rendered at least \$16.00 per hour for 1 child, \$18 per hour for 2 children, \$20 per hour for 3 children, and \$22 per hour for 4-5 children. If 6 or more children need care, two or more caregivers will be required. Services require a minimum of 4 hours plus any parking charges and meal reimbursement. Holiday rates start at \$25.00 per hour, and require a minimum of 5 hours.

3 Client understands that a \$25 agency fee (\$30 for holiday requests), or 15% of caregivers rate (minimum \$25) for overnight care will be charged to their credit card for every caregiver visit. The agency fee is non-refundable. If you must cancel, 48 hour notice must be given or the client is charged the 4 hour caregiver minimum and the agency fee. If holiday reservations are made and canceled the 4 hour minimum will be charged and paid to the caregiver.

4. Client understands that the services provided by all caregivers associated with Babies to Boomers must be contracted through the Babies to Boomers office. Client agrees that he/she will not hire or refer a Babies to Boomers caregiver to a third party without the consent of the Babies to Boomers office. Client further understands that use of a Babies to Boomers caregiver without arranging the visit through the agency will result in a charge of \$1000 for liquidated damages. Client further understands that Babies to Boomers will negotiate a reduced placement fee if client wishes to hire a caregiver on a regular basis.

5. Client understands that all caregivers working with Babies to Boomers are not employees of Babies to Boomers. Client understands that if they pay more than \$1,700 per calendar year to any one caregiver they are responsible for withholding and filing employment taxes for that person. Social Security number of caregivers must be obtained directly from caregivers.

6. Client agrees to forever indemnify, release and hold harmless Babies to Boomers, its agents, employees and officers for any and all claims relating to services provided by Caregivers.

7. Client understands that a caregiver may not take children off of the hotel premises

I have read and understand the terms of this agreement

\_\_\_\_\_ I agree  
\_\_\_\_\_ I disagree

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Medication Release: (optional)

I \_\_\_\_\_, hereby give my consent for a Babies to Boomers caregiver, who works as a caregiver for children in my hotel room, to administer medication to my child(ren). I understand that Babies to Boomers caregivers are not medically trained. I hereby release, discharge and hold harmless Babies to Boomers, its employees, agents and officers from any and all claims relating to the dispensing and administering of medication to my child(ren).

I consent to administer medication  
I disagree

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date