

REQUEST FORM FOR FAMILY CARE SERVICES

CLIENT NAME: _____

HOME ADDRESS: _____

TELEPHONE NUMBERS: Home () _____ Work () _____

CHILDREN'S NAMES:

FIRST	LAST	SEX	AGE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

FEES:

\$15.00 per hour for one child, \$1.00 per hour for each sibling (for children from other families, please call for rates). A maximum of three (3) children are allowed per sitter, with a maximum of two (2) if any of the children are under 2 years old.

DATES REQUESTED	TIMES REQUESTED	# OF HOURS SCHEDULED
_____	_____ AM/PM TO _____ AM/PM	_____
_____	_____ AM/PM TO _____ AM/PM	_____
_____	_____ AM/PM TO _____ AM/PM	_____
_____	_____ AM/PM TO _____ AM/PM	_____

Please make check or money order payable to **weeSIT** for 50% of the total costs, and mail it with this form to:

Barbara R. Parkerson
10681 Oak Thrush Court
Burke, Virginia 22015

I understand and agree to the following conditions:

- ▶ Deposit Checks are 50% refundable, if canceled more than 10 days prior to assignment, and non-refundable if canceled less than 10 days prior to assignment
- ▶ Once the assignment has begun, the sitter will be paid in full for the hours scheduled for each day.
- ▶ Sitters will be paid in cash at the end of the assignment or at the end of each week, whichever is shorter.
- ▶ The sitter will be reimbursed for a \$20.00 transportation fee per day (additional fee if outside of service area)
- ▶ If the Sitter's car is used to transport children, they will be reimbursed at \$.35/mile

Signature

Date