

REQUEST FORM FOR FAMILY CARE SERVICES

CLIENT NAME: _____

HOME ADDRESS: _____

TELEPHONE NUMBERS: Home () _____ Work () _____

CHILDREN'S NAMES:

FIRST	LAST	SEX	AGE
1. _____			
2. _____			

Client will be staying at:

HOTEL: _____**ADDRESS:** _____**NAME HOTEL ROOM IS REGISTERED IN:** _____**DATE AND TIME OF ARRIVAL:** _____ **DATE OF DEPARTURE:** _____**TYPE OF SERVICE REQUESTED:**

_____ Care of child(ren) in hotel room at \$20.00 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.

_____ Tours for child(ren). Call for rates.

DATES REQUESTED	TIMES REQUESTED	# OF HOURS SCHEDULED
_____	_____ 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

Deposits must be received no later than 72 hours prior to assignment.

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.
- < The sitter will be reimbursed for a \$20.00 transportation fee or the hotel parking fee, whichever is greater..
- < Upon arrival, I will confirm the hotel and room number with weeSIT.

Signature_____
Date