



Dear Families,

We would like to thank you for your interest in Sitter Solutions! We realize that finding the right childcare is essential for busy families. We appreciate you choosing to partner with us and hope to help make this transition a smooth, easy one for both you and your children. Our wonderful sitters and nannies have your children as their top priority and our agency strives to make everything as simple and convenient as possible for our families. We are proud of the fact that our agency is growing and remain committed to providing a wonderful childcare experience for your family.

Attached is your family registration packet. Please complete the family application, family agreement and the two phone logs and return via email to sittersolutions@hotmail.com. The registration fee is payable through paypal at our website (www.sittersolutions.net) and will complete the registration process- then we can proceed with meeting your sitter. Once we begin, please remember – ALL scheduling is handled through the office-you may call, email or text requests anytime – once your request is booked- you will receive a confirmation. If you would like to request a particular sitter, we always try to accommodate requests but cannot guarantee them. A booking fee will be paid to the agency upon confirmation. At the end of each booking, an invoice will be presented by the sitter which details hours worked, hourly rates and amount due- both parent and sitter need to sign the invoice and a copy will be provided to you for your records. Payment will be made to the sitter at this time.

We are sincerely looking forward to working with you!

Thank you again for your interest in SITTER SOLUTIONS!

Respectfully,

Michele Cardenez

Sitter Solutions, LLC Owner

(228)365-9364

Email: sittersolutions@hotmail.com

Website: www.sittersolutions.net



Sitter Solutions

Family Application

Date		Email Address	
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Family Information

Parent's First		MI		Last	
Parent's First		MI		Last	
Address				City/State	Zip
Home Telephone					
Mother's Cell No.				Father's Cell No.	

Mother's Occupation					
Employer					
Address				City/State/Zip	
Office Telephone					

Father's Occupation					
Employer					
Address				City/State/Zip	
Office Telephone					

Services Needed: (check all that apply):

Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Before School Care <input type="checkbox"/>	After School Care <input type="checkbox"/>	Date Nights <input type="checkbox"/>
Helping Hands for Mommy & Newborn <input type="checkbox"/>	Nurseries for churches <input type="checkbox"/>	Weddings & special events <input type="checkbox"/>	Overnight Care <input type="checkbox"/>	
House Sitting (plants, mail, newspaper) <input type="checkbox"/>	Pet Sitting <input type="checkbox"/>	Other (please detail) <input type="checkbox"/>		

Starting date for service: _____

Children's Information

CHILD'S NAME		Age	DOB	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>
Describe child's personality					
Describe child's interests/ hobbies					
Any behavior issues?					
In diapers Yes <input type="checkbox"/> No <input type="checkbox"/>		Potty trained Yes <input type="checkbox"/> No <input type="checkbox"/>		Allergies:	Fears:

CHILD'S NAME		Age	DOB	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>
Describe child's personality					
Describe child's interests/ hobbies					
Any behavior issues?					
In diapers Yes <input type="checkbox"/> No <input type="checkbox"/>		Potty trained Yes <input type="checkbox"/> No <input type="checkbox"/>		Allergies:	Fears:

CHILD'S NAME		Age	DOB	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>
Describe child's personality					
Describe child's interests/ hobbies					
Any behavior issues?					
In diapers Yes <input type="checkbox"/> No <input type="checkbox"/>		Potty trained Yes <input type="checkbox"/> No <input type="checkbox"/>		Allergies:	Fears:

CHILD'S NAME		Age	DOB	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>
Describe child's personality					
Describe child's interests/ hobbies					
Any behavior issues?					
In diapers Yes <input type="checkbox"/> No <input type="checkbox"/>		Potty trained Yes <input type="checkbox"/> No <input type="checkbox"/>		Allergies:	Fears:

Is transportation required for your children?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Approximate miles?	
Is sitter expected to use	Her own car <input type="checkbox"/>	Families car <input type="checkbox"/>			
Does your sitter need to know how to swim?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you have any pets?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, please list	
What languages are spoken in your home?					
Would you consider a sitter that would bring their child to work?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a swimming pool? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If so, what safety precautions are available to secure the pool (gate locks, covers, door alarms on backdoor, etc.)?					
What qualities are most important to you when choosing the right sitter/nanny?					
Describe job duties & responsibilities:					
Is there other information that you would like to include that may be helpful in providing your family with the ideal nanny?					

How did you hear about Sitter Solutions? _____

SERVICES: At the family’s request, SITTER SOLUTIONS, LLC. will research, screen & recruit appropriate candidates for contractual employment. The sitter/nanny is to be paid by the family.

REGISTRATION FEE: The registration fee is charged to the family for the services of SITTER SOLUTIONS, LLC. for the period of time corresponding to the membership they purchased. This fee is non-refundable.

GUARANTEE: SITTER SOLUTIONS, LLC. makes no guarantees but will put forth all efforts of replacement as needed, representing up to 2 candidates for replacement, as per available. Refunds are not made.

I CERTIFY THAT I HAVE ANSWERED ALL THE QUESTIONS ON THIS APPLICATION ACCURATELY AND TO THE BEST OF MY KNOWLEDGE. I HAVE NOT WITHHELD ANY INFORMATION, WHICH WOULD CAUSE THE INFORMATION GIVEN ABOVE TO BE MISLEADING.

Signature of Applicant

Date



Family Agreement

Purpose

This agreement is entered into this _____ day of _____, 20_____, between Sitter Solutions, LLC (hereinafter referred to as "the agency") and _____ (hereinafter referred to as "the family"). This agreement shall be construed under the laws of the state of Mississippi. The purpose of this agreement is to define the terms and conditions under which the agency will assist the family with referrals of childcare providers (hereinafter referred to as "sitter/nanny").

Our Mission

Sitter Solutions, LLC knows that finding quality, trusted childcare is absolutely essential for busy families. Let us help by providing exceptional child care solutions that both you and your children will LOVE!

Family Responsibilities

The family agrees to provide accurate and complete information to the agency regarding its expectations for a sitter/nanny. The family agrees to bring any and all concerns to the agency owner to allow for resolution should any issues arise. The family agrees that ALL scheduling is to be handled through the office. The family will provide Sitter Solutions, LLC as well as the sitter/nanny with appropriate information, guidance and instruction as to what the family expects.

The care of the children is to specifically include the following:

Tasks related to the direct care of the children will always take precedence, but in the event that there is time while children are napping, etc. sitter/nanny will provide minimal housekeeping assistance- the family requests that these responsibilities may include:

Agency Responsibilities

The agency agrees to solicit applications, screen and refer qualified persons. The agency will collect detailed information from each prospective sitter/nanny regarding experience, qualifications, and expectations. The agency will obtain references and will contact these to determine the prospective sitter/nanny’s qualifications and suitability for referrals through our agency. The agency will conduct criminal background checks, social security traces, and search sex offender registries, both state and national. The agency will also personally interview any prospective sitter/nanny.

Communication

The family, sitter/nanny and Sitter Solutions, LLC will discuss any concerns as needed. A nanny log has been included with your packet. Feel free to print these out ahead of your bookings to note children’s routines, meal plans, nap schedules, etc- anything that will help the sitter keep your consistent routine for the children.

Transportation

Please check the appropriate choice(s) below.

- No transportation is needed for my children.
- Sitter/nanny will be transporting my children in her vehicle.

Mileage will be reimbursed by the family at the current rate set by the IRS. The sitter/nanny is responsible for maintaining appropriate insurance coverage. Children are to be properly restrained in the family’s car seats and/or seat belts as directed by the parents, while abiding by state laws at all times. We, the family, understand that the sitter is responsible for maintaining appropriate insurance coverage and release Sitter Solutions LLC from any and all responsibility and liability with regard to the transporting of the children.

Signature _____ Date _____

- Sitter/nanny will be transporting my children in our family’s vehicle.

The use of a family car will be provided when needed for the purposes of transporting the children as required and agreed upon. Children are to be properly restrained in the family’s car seats and/or seat belts as directed by the parents, while abiding by state laws at all times. The family will cover the sitter/nanny under their automobile insurance policy; however, any damages resulting from the sitter/nanny’s use of the car, which is not covered under the family’s policy (i.e., the deductible), is the sitter/nanny’s responsibility. No mileage fee will be charged when sitter/nanny uses the family’s vehicle.

Make Model and Year of vehicle _____

We, the family, agree to maintain appropriate insurance coverage which covers the sitter’s use of the vehicle while transporting the children and release Sitter Solutions LLC from any and all responsibility with regard to the transporting of the children.

Signature _____ Date _____

Family and Sitter/Nanny Agreement

As a registered family of Sitter Solutions, LLC, we expect your integrity in appropriate use of our agency & guidelines. ALL scheduling is done through the office. This is extremely important for job assignments & availabilities. Families may not, at any time, request childcare services directly through sitters/nannies (past or present) of Sitter Solutions, LLC. If the family chooses to participate dishonestly and/or receive childcare services from the sitters/nannies of Sitter Solutions, LLC without booking through the agency, the family will be dismissed from the agency and a penalty fee of \$1000 will be owed directly to the agency due to this agreement being breached.

Signature _____

Liability

On this _____ day of _____, 20_____, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Sitter Solutions, LLC and any of its contracted employees or agents representing or related to Sitter Solutions, LLC in regard to children under our care. This release is for any and all liability for personal injuries (including death) and lost and/or stolen items, property damage occasioned by, or in connection with an activity or accommodations of care giving activities.

Signature _____

Payment Procedures

Rates are specified on the Rates Page attached to this packet. Rates are subject to change as needed with a 30 day advanced notice given to families. A booking fee will be paid to the agency upon confirmation of each booking. Sitter/nanny's payment, including mileage will be made after the completion of each job. Payments will be made by cash or check made to the sitter/nanny personally. Tips are welcomed from families. An invoice receipt will be provided with required signatures of each party (family and sitter/nanny) to guarantee type of services received.

Signature _____

Directions to Home:

THE ABOVE AGREEMENT HAS BEEN AGREED TO:

FAMILY SIGNATURE

DATE



Important Information

FAMILY NAME:

CHILDREN'S PERSONAL INFORMATION

Name	
Date of birth	
Gender	
Eye color	
Hair color	
Allergies	
Medical conditions	

Name	
Date of birth	
Gender	
Eye color	
Hair color	
Allergies	
Medical conditions	

MEDICAL INSURANCE INFORMATION

Name of insured	
Employer	
Insurance Company	
Member No.	
Group No.	
Telephone #	



Important Phone Numbers

EMERGENCY: CALL 911
POISON CONTROL CENTER: 1-800-222-1222

FAMILY NAME:

NEAREST HOSPITAL:

Address:

Phone #:

PEDIATRICIAN:

Address:

Phone #:

DENTIST:

Address:

Phone #:

MOTHER NAME:

Employer/Occupation:

Address:

Office Telephone:

Cell #:

FATHER NAME:

Employer/Occupation:

Address:

Office Telephone:

Cell #:

EMERGENCY CONTACTS:

FAMILY MEMBERS (Grandparents, Aunts, Uncles, etc.)

Name, relationship & phone #:

Name, relationship & phone #:

FRIENDS & NEIGHBORS:

Name, address & phone #:

Name, address & phone #:



Sitter Solutions

Sitter/Nanny Log

Parent Notes & Reminders:

Activities of the Day:

Meals: (NOTE ANY FOOD ALLERGIES)

Naptimes and/or Bedtimes:

Medications (if medications are to be given, we MUST have written permission):

My sitter has permission to give my child _____ the following medication _____ dosage _____ at _____ (time)

Parent signature _____

FOR SITTER USE: Concerns and/or Notes for Mom & Dad: