

**Guardian Angels Sitting Service of Broward and Miami- Dade
County LLC. Authorization Form**

Family Name: _____

Daily{ } Weekly{ } Monthly{ } Annual{ }

Job Address:

Street _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Hotel/ Home Phone: _____

Childcare Provider Name: _____

Authorization: (upon childcare provider beginning work, authorization is automatically accepted in its entirety).

I have authorized the childcare provider named above to care for my child(ren). I have given the provider clear instructions and provided them with emergency telephone numbers, medical information, allergy information, and any special conditions and/or instructions for my child(ren).

I agree to pay Guardian Angels Sitting Service of Broward and Miami-Dade County LLC (the Agency) the Agency referral fee and the childcare provider according to the attached fee schedule. I understand that neither I, nor the agency, are employers of this childcare provider and that they are independent contractors. I have willingly provided my credit card information in writing, by fax or over the phone and authorize Guardian Angels Sitting Service of Broward and Miami- Dade County LLC (the Agency) to automatically charge any amount incurred due to non-payment on my behalf, I have thoroughly read and understand the information contained within this contract and agree to all membership terms. I understand that the sitter may NOT drive my children at any time without clearance from the agency and an additional DMV record check at a cost of \$15. I understand that the agency is not liable or covered by insurance while Children are being transported by a sitter in their vehicle.

Confidentiality Provision. Applicant and Agency agree that the names of Independent Contractors are and shall remain the exclusive property of Guardian Angels Sitting Service of Broward and Miami-Dade County LLC, are confidential and are of great value to the Agency. Applicant and Agency further agree that all other information used by the Applicant in obtaining the referral services of Independent Contractors including, but not by way of limitation, time sheets, service invoices and the names of Independent Contractors are trade secrets, are confidential and are the valuable property of the Agency, and that any such information obtained by the Applicant during the course of this agreement is and shall remain the property of the Agency. Applicant and Agency further agree that during this agreement and the period of three (3) years immediately after the termination of this agreement, Applicant will not, either directly or indirectly make known or divulge the names, phone numbers and addresses of any of the Independent Contractors, or divulge any confidential information received from the Agency to any person, firm or corporation. Applicant also agrees that during this agreement and the period of three (3) years immediately after the termination of this agreement, the Applicant will not, either directly or indirectly call upon, solicit, divert, or take away any of the Independent Contractors, upon whom the Applicant became acquainted with by referral of the Agency. Applicant and Agency agree that Applicant's unauthorized disclosure or use of Agency's confidential information and trade secrets would irreparably damage the Agency and if found in violation, applicant can be fined \$3,000 per incident. IT IS AGAINST THE POLICY OF GUARDIAN ANGELS SITTING SERVICE FOR THE AGENCY OR SITTER TO PROVIDE A PHONE NUMBER FOR THE SITTER. YOU MAY CONTACT THEM DIRECTLY ONLY WHILE THEY ARE WATCHING OVER YOUR CHILDREN BY CALLING THE LANDLINE IN THE HOTEL,

VACATION HOME OR PRIVATE HOME OR BY HAVING THE SITTER CHECK IN WITH YOU BY CALLING YOU WITH A BLOCKED NUMBER AT SPECIFIC TIMES THAT YOU AGREE UPON.

Mother's Signature: _____

Date: _____

Father's Signature: _____

Date: _____

Date: ____/____/____ Day: (circle one) Mon. Tues. Wed. Thurs. Fr. Sat. Sun.

Start Time: _____ (am/ pm) End Time _____ (am/ pm) Total # of hours: _____

Childcare Provider Charges: (To be paid in cash to provider)

_____ # of Children _____ rate/hr Hourly rate: \$ _____ x
Total hours _____ = _____

Mileage .25 x _____ miles = _____ total for transportation

Hourly _____ + Mileage _____ = Provider Total: \$ _____ (to be paid in Cash)

Agency Referral Charges: (Charged to Credit Card)

Daily/ Weekly/ Monthly/ Hotel: \$7/hr x _____ Total hrs= Agency Total: \$ _____

Annual Members: _____ \$3/hr x _____ Total hrs=

Agency Total: \$ _____

Emergency Information

Parents exact location:

Phone number at this location: _____ Cell

Friend Neighbor- Name: _____ Phone

Allergies or Special Conditions:

Pediatrician: _____ Phone

Medication Authorization

I authorize the childcare provider to give my child(ren):

Medication:

Exact times:

Intervals:

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Dosage:

I recognize that the childcare provider is not medically licensed and is administering this medication at my request and for my convenience.

Parent Signature: _____ Date: _____

_____ Poison Control: 1-800-222-1222

RATES: Minimum of (4) consecutive hours is required/ will be charged.
Childcare Provider Rates: \$14/hour for (1) child and \$1/hour for each additional child. Cash is to be given to the provider at the time services are rendered.
Agency Referral: Daily/ Weekly/ Monthly/ Hotel: \$8/ hour for each provider. Annual members: \$4/ hour for each provider. Credit card on file will be charged for agency fees after service are completed
Holiday Rates: An additional \$4/hour is to be given to the provider.
Overnight Rates: this is available to annual members only. Childcare provider: \$90 per (24) hr period for one child. \$20 per (24) hr period for each additional child. Agency Referral: \$60 per (24) hr period.
Cancellation: If services are cancelled within (24) hours the entire (4) hour minimum payment will be due for provider and agency.

This serves as a Receipt for Services:

Guardian Angels Sitting Service of Broward and Miami-Dade County
LLC

Phone: 1-833-735-GASS

I have provided _____ hrs of childcare for:

Client Name: _____

For these services I, _____ received \$_____ (total for
sitter)

And \$_____ will be charged to credit card on file for agency
fees).

Childcare Providers Signature: _____ Date: _____