



arsicaregroup  
Excellence in Care Services.

Expected Arrival Date: \_\_\_\_\_  
Hotel Name: \_\_\_\_\_  
Room No: \_\_\_\_\_

Tel: 305.854.3234  
www.arsicaregroup.com  
H.H.A. # 299993185

Please complete all sections as thoroughly as possible to expedite our services.

Parent's Name: \_\_\_\_\_

Phone Home: ( ) \_\_\_\_\_ Office: ( ) \_\_\_\_\_ Cellular: ( ) \_\_\_\_\_

Please specify dates and times: \_\_\_\_\_

Names of children and ages:

_____ Name _____ Age	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	_____ Name _____ Age	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	_____ Name _____ Age	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
_____ Name _____ Age	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	_____ Name _____ Age	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	_____ Name _____ Age	<input type="checkbox"/> Boy <input type="checkbox"/> Girl

Special needs: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

### Temporary Service Agreement:

Understanding between parties:

1. ARSICARE Group agrees to make its best effort to locate temporary babysitters for client's babysitting needs on a requested basis.
2. Client agrees to pay ARSICARE Group directly for services rendered at **\$25.00 per hour** (1-2 children-only siblings) and **\$5.00** per hour for each additional child up to 4 children for a minimum of 4 (four) consecutive hours. (Exclude holidays and children with special needs). **Clients will be responsible for valet parking of the babysitter. A 24 hour notice** is required for babysitter cancellation or a **\$100.00** fee will be charged to the credit card provided.

#### Holiday Rates:

- a) An additional **\$10.00** per hour will be charged for Valentine's Day after 4 pm, Easter Sunday, Mother's Day, Father's Day, Memorial Day, Fourth of July and Labor Day.
- b) **Time and a half:** Thanksgiving Day, Christmas Eve after 4 pm, Christmas Day and New Year Day. (A **48 hour notice** is required for babysitter cancellation or a **\$100.00** will be charged to the credit card provided).
- c) New Year Eve after 4 pm at **\$75.00** per hour (1-2 children-only siblings) and **\$15.00** per hour for each additional child up to 4 children (only siblings) +**15%** gratuity added total of bill. (Cancellation Policy: a non-refundable **\$50.00** booking fee will be charged to the credit card provided, for **any cancellation** and **\$150.00** if notification of cancellation is received **72** hours before service).
- d) Other Fees: Last minute change or last minute request (4 hours or less), and sharing babysitters, add **\$10.00** per hour. Service beginning from 12:00 am to 6:00 am will have an additional fee of **\$40.00**.

Babysitter fee to be paid directly to ARSICARE Group.

3. Client understands that the services provided by all babysitters associated with ARSICARE Group must be contracted through the ARSICARE Group office. Client agrees that he/she will not hire or refer an ARSICARE Group babysitter to a third party without the consent of the ARSICARE Group office.
4. Client understands that babysitters may not take children off the hotel premises.
5. Client understands that babysitter can take children to the pool under certain conditions. Babysitter must have written permission from the parent or guardian before going to the pool.
6. The undersigned parent/guardian hereby releases, acquits and fully discharges ARSICARE Group and the Hotel from any and all claims, suits, sums of money, judgements, damages, losses known or unknown contingent or otherwise, that parent, guardian or child might have, in whole or in connection with the provision of babysitting services.

Payment Arrangements: I \_\_\_\_\_ authorize ARSICARE Group, to charge my credit card for babysitting services  Visa  MC  AX Card #: \_\_\_\_\_ CVC# \_\_\_\_\_

Expiration date: \_\_\_\_\_ Print name on the card: \_\_\_\_\_

Billing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Authorized signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/guardian: \_\_\_\_\_

Print name

Signature

\* Rates subject to change without notice.