

THE BABYSITTING COMPANY

RATES AND FEES

THE BABYSITTING COMPANY IS A CERTIFIED, LICENSED AND FULLY INSURED REFERRAL SERVICE THAT OFFERS RELIABLE AND QUALIFIED SITTERS TO HOTELS, RESORTS, SPECIAL EVENTS, PRIVATE RESIDENCES AND INTERNATIONAL AND DOMESTIC TRAVEL. SITTERS ARE HANDPICKED AND MATCHED PERFECTLY FOR EACH FAMILY'S NEEDS AND REQUESTS. ALL SITTERS ARE THOROUGHLY SCREENED, PERSONALLY INTERVIEWED, HAVE A CLEAR BACKGROUND CHECK AND DRUG TEST, A VALID CPR CERTIFICATION, SIGN A CONFIDENTIALITY AND PRIVACY AGREEMENT AND ARE OVER 18 YEARS OLD. IN ADDITION, ALL SITTERS SPEAK FLUENT ENGLISH AND MANY SPEAK OTHER LANGUAGES AS WELL. SITTERS CAN BE AVAILABLE AT ANY TIME OF THE DAY OR NIGHT AND FOR AS MANY HOURS AS NEEDED. THE BABYSITTING COMPANY IS ABLE TO ACCOMMODATE MOST LAST MINUTE AND SPECIAL REQUESTS. ONCE THE SITTER IS CHOSEN, A PROFILE INCLUDING THE SITTER'S FULL NAME, CONTACT INFORMATION, BIOGRAPHY AND PHOTO WILL BE PRESENTED (FOR RESERVATIONS MADE WITHIN 24 HOURS).

TO MAKE A RESERVATION, COMPLETE A RESERVATION REQUEST AND CONTRACT IN ITS ENTIRETY. A CREDIT CARD IS REQUIRED FOR ALL RESERVATIONS. VISA, MASTERCARD AND AMERICAN EXPRESS ARE ACCEPTED. NO CASH. WE STRICTLY ENFORCE A 4 HOUR MINIMUM.

INDIVIDUAL FAMILY RATES

1-2 CHILDREN (SIBLINGS ONLY) \$35 PER HOUR
3-4 CHILDREN (SIBLINGS ONLY) +\$5 PER HOUR

MULTIPLE FAMILY RATES

ADDITIONAL \$10 PER HOUR FEE WILL BE CHARGED FOR EACH ADDITIONAL FAMILY USING THE SAME SITTER OR SITTERS (COUSINS, FRIENDS OR ANY OTHER RELATIONSHIP INCLUDED). WHEN SHARING A SITTER, CHILDREN MUST BE IN THE SAME ROOM OR HOME. ALL CHARGES ARE PROCESSED ON ONE CREDIT CARD. 20% GRATUITY ADDED TO THE TOTAL.

HOLIDAY RATES

\$50 NON REFUNDABLE BOOKING FEE, 20% GRATUITY ADDED TO TOTAL.

PRESIDENTS DAY, ST. PATRICK'S DAY, GOOD FRIDAY, FRIST NIGHT OF PASSOVER, MOTHER'S DAY, FATHER'S DAY

ADDITIONAL +\$10 PER HOUR: NEW YEARS DAY, VALENTINE'S DAY (AFTER 4PM), EASTER SUNDAY, MEMORIAL DAY, FORTH OF JULY, LABOR DAY, HALLOWEEN (AFTER 4PM), THANKSGIVING, CHRISTMAS EVE (AFTER 4PM), CHRISTMAS DAY.

\$75 PER HOUR NEW YEARS EVE (AFTER 4PM).

ADDITIONAL FEES

PARKING CLIENT IS RESPONSIBLE FOR ALL PARKING CHARGES. IF SELF-PARKING IS NOT AVAILABLE OR IT IS UNSAFE, THE SITTER WILL VALET PARK AND THE FEE WILL BE CHARGED TO THE CLIENT, INCLUDING GRATUITIES.

TOLLS CLIENT IS RESPONSIBLE FOR ALL TOLLS.

SICK CHILDREN +\$10 PER HOUR (FEVER, RUNNY NOSE, COUGH, VOMITING, DIARRHEA, ETC.)

SPECIAL NEEDS +\$10 PER HOUR (ADD, ADHD, BI-POLAR, AUTISM OR ANY CONDITION REQUIRING EXTRA ASSISTANCE)

LATE END 20% GRATUITY WILL BE ADDED TO RESERVATIONS ENDING AT 2 A.M. OR AFTER.

LAST MINUTE \$50 WHEN BOOKING A SITTER WITH 4 HOURS NOTICE OR LESS. 20% GRATUITY ADDED TO TOTAL.

EARLY START \$50 WHEN BOOKING A SITTER TO BEGIN BETWEEN 12 A.M. AND 6 A.M. 20% GRATUITY ADDED TO TOTAL.

**FEES ARE SUBJECT TO CHANGE IF THE INFORMATION GIVEN AT THE TIME OF SCHEDULING THE RESERVATION IS DIFFERENT THAN AT THE TIME OF SERVICE.

GRATUITY

GRATUITY IS NOT INCLUDED FOR STANDARD RESERVATIONS AND SHOULD BE GIVEN TO THE SITTER DIRECTLY IN CASH OR ON THE CREDIT CARD RECEIPT PROVIDED AT THE END OF THE RESERVATION AND AT EACH CLIENTS DISCRETION. FOR GROUPS, HOLIDAYS, LAST MINUTE RESERVATIONS, EARLY/LATE START AND RESERVATIONS ENDING AT 2AM OR LATER, 20% GRATUITY WILL AUTOMATICALLY BE ADDED.

CANCELLATION AND MODIFICATION POLICY

THE FIRST HOUR OF SERVICES IS CHARGED UPON CONFIRMATION AND IS NOT REFUNDABLE AND NOT TRANSFERABLE. WE STRICTLY ENFORCE A 24-HOUR CANCELLATION AND MODIFICATION POLICY FOR ALL STANDARD BABYSITTING RESERVATIONS. WE STRICTLY ENFORCE A 24 HOUR CANCELLATION AND MODIFICATION POLICY FOR ALL STANDARD BABYSITTING RESERVATIONS. THERE IS A 72 HOUR CANCELLATION AND MODIFICATION POLICY FOR RESERVATIONS WITH MULTIPLE BABYSITTERS, FOR GROUPS, SPECIAL RATES AND FOR HOLIDAYS (NEW YEARS DAY, VALENTINES DAY, PRESIDENT'S DAY, GOOD FRIDAY, FIRST NIGHT OF PASSOVER, EASTER SUNDAY, MEMORIAL DAY, MOTHER'S DAY, FOURTH OF JULY, FATHER'S DAY, LABOR DAY, HALLOWEEN, THANKSGIVING, CHRISTMAS EVE, CHRISTMAS DAY, AND NEW YEARS EVE). IF THE RESERVATION IS CANCELLED OR MODIFIED WITH LESS THAN THE REQUIRED 24 OR 72 HOURS NOTICE, THEN THE MINIMUM, 4 HOURS, WILL BE CHARGED TO THE CREDIT CARD PROVIDED AT THE TIME THE RESERVATION WAS MADE. CANCELLATIONS AND MODIFICATION MAY ONLY BE MADE BY SPEAKING WITH THE BABYSITTING COMPANY DIRECTLY OR WITH A TIMED STAMPED VOICEMAIL. CANCELLATIONS OR MODIFICATIONS BY TEXT, BY EMAIL OR WITH THE BABYSITTER WILL NOT BE HONORED. **THERE ARE NO EXCEPTIONS.**

THE
BABYSITTING
COMPANY

RESERVATION REQUEST

REFERRED BY: _____

CLIENT MUST COMPLETE ENTIRE REQUEST AND CONTRACT AND **FAX TO (888) 371.6410 OR E-MAIL TO RESERVATIONS@THEBABYSITTINGCOMPANY.COM**.
ONCE RECEIVED, RESERVATION WILL BE CONFIRMED BY PHONE OR EMAIL. FOR RESERVATIONS MADE AFTER NORMAL BUSINESS HOURS OR FOR LAST MINUTE
REQUESTS, PLEASE CALL THE BABYSITTING COMPANY DIRECTLY TO CONFIRM AT (888) 407.7822.

CLIENT: _____ EMAIL (REQUIRED FOR E-RECEIPT): _____

CLIENT CELL PHONE: _____ ALTERNATE PHONE: _____

HOTEL / BUILDING NAME: _____ ROOM / UNIT: _____

RESERVATION NAME (AT HOTEL): _____

ADDRESS (STREET, CITY, STATE, ZIP): _____

EMERGENCY CONTACT NAME: _____ CELL PHONE: _____ RELATIONSHIP: _____

CHILD'S NAME: _____ AGE: _____ DOB: _____ SPECIAL NEEDS/ ALLERGIES: _____ M F

CHILD'S NAME: _____ AGE: _____ DOB: _____ SPECIAL NEEDS/ ALLERGIES: _____ M F

CHILD'S NAME: _____ AGE: _____ DOB: _____ SPECIAL NEEDS/ ALLERGIES: _____ M F

CHILD'S NAME: _____ AGE: _____ DOB: _____ SPECIAL NEEDS/ ALLERGIES: _____ M F

CHILD'S NAME: _____ AGE: _____ DOB: _____ SPECIAL NEEDS/ ALLERGIES: _____ M F

LIST ALLERGIES OF ANYONE IN THE HOME / HOTEL ROOM THAT ARE NOT LISTED ABOVE: _____

PLEASE INCLUDE ALL DATES AND START TIMES. END TIME IS NOT REQUIRED. IF ANTICIPATED RETURN IS AFTER 2AM PLEASE CHECK BOX BELOW.

RESERVATION 1 DAY/DATE: _____ START: _____ (AM/PM) END (APPOXIMATE): _____ RETURN AFTER 2AM: Y N

RESERVATION 2 DAY/DATE: _____ START: _____ (AM/PM) END (APPOXIMATE): _____ RETURN AFTER 2AM: Y N

RESERVATION 3 DAY/DATE: _____ START: _____ (AM/PM) END (APPOXIMATE): _____ RETURN AFTER 2AM: Y N

RESERVATION 4 DAY/DATE: _____ START: _____ (AM/PM) END (APPOXIMATE): _____ RETURN AFTER 2AM: Y N

RESERVATION 5 DAY/DATE: _____ START: _____ (AM/PM) END (APPOXIMATE): _____ RETURN AFTER 2AM: Y N

ADDITIONAL DATES/TIMES: _____

ARE CHILDREN SIBLINGS? Y N WILL SWIMMING BE REQUIRED: Y N SITTER PREFERENCE: MALE FEMALE NO PREFERENCE

TELL US ABOUT YOUR IDEAL SITTER: _____

LANGUAGE PREFERENCE (ALL SITTERS SPEAK ENGLISH): _____ LIST PETS IN THE HOME / HOTEL ROOM: _____

SPECIAL REQUESTS /INSTRUCTIONS (PLEASE NOTIFY THE BABYSITTING COMPANY): _____

COMMENTS: _____

PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

THE
BABYSITTING
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RESERVATION CONTRACT

(_____ INITIAL) **SATISFACTION GUARANTEE**

IF FOR ANY REASON YOU ARE UNSATISFIED WITH YOUR SITTER AT ANY TIME DURING THE RESERVATION, PLEASE CALL THE BABYSITTING COMPANY IMMEDIATELY AND ALTERNATE ARRANGEMENTS WILL BE MADE TO MEET YOUR SATISFACTION.

(_____ INITIAL) **CANCELLATION AND MODIFICATION POLICY**

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(_____ INITIAL) **ACKNOWLEDGEMENTS**

CLIENT GIVES THE BABYSITTING COMPANY PERMISSION TO RECOVER OUTSTANDING FEES FROM CREDIT CARD ACCOUNT INFORMATION HELD BY THE HOTEL, WHEN NECESSARY.

CLIENT ACKNOWLEDGES THAT IT SHALL NOT DIRECTLY CONTACT, HIRE OR RETAIN THE SERVICES OF BABYSITTERS THAT ARE PRESENTED TO CLIENT BY THE BABYSITTING COMPANY FOR BABYSITTING SERVICES OR ANY OTHER SERVICES.

CLIENT HAS BEEN PROVIDED WITH THE BABYSITTING COMPANY'S RATES AND POLICIES AND HAS HAD AN OPPORTUNITY TO REVIEW THEM. CLIENT ACKNOWLEDGES AND AGREES TO ALL THE BABYSITTING COMPANY'S POLICIES. CLIENT AGREES THAT THE BABYSITTING COMPANY IS ONLY A REFERRAL SERVICE. ALL BABYSITTERS PROVIDED TO CLIENT ARE INDEPENDENT CONTRACTORS AND ARE NOT AGENTS, REPRESENTATIVES OR EMPLOYEES OF THE BABYSITTING COMPANY. CLIENT FURTHER ACKNOWLEDGES THAT ALL FEES ARE NON-REFUNDABLE UNDER ANY CIRCUMSTANCES INCLUDING WEATHER, ILLNESS OR ANY OTHER EMERGENCIES. THIS ACKNOWLEDGEMENT IS GOVERNED BY THE LAWS OF THE STATE OF FLORIDA. IN THE EVENT OF A DISPUTE, THE PARTIES UNCONDITIONALLY AGREE THAT THE COURTS IN AND FOR DADE COUNTY, FLORIDA SHALL BE THE EXCLUSIVE JURISDICTION TO RESOLVE ANY DISPUTES. FURTHERMORE, THE BABYSITTING COMPANY SHALL BE ENTITLED TO RECOVER ITS REASONABLE ATTORNEY'S FEES AND THE COSTS OF ANY SUCH ACTION.

I AUTHORIZE THE BABYSITTING COMPANY TO CHARGE MY CREDIT CARD FOR BABYSITTING SERVICES, ADDITIONAL AGENCY FEES (WHEN APPLICABLE) AND PARKING CHARGES.

CARD NUMBER: _____ EXPIRATION DATE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ COUNTRY: _____

SECURITY CODE: _____ APT./ SUITE #: _____ POSTAL/ZIP CODE: _____ DATE: _____

PRINTED NAME: _____ SIGNATURE: _____

THEBABYSITTINGCOMPANY.COM P (888) 407.7822 F (888) 371.6410