

“Family Care Options Hotel Sitter Order Form”
info@familycareoption.com (212) SITTERS * (212) 748-8377

Service Requested By: _____ Date: _____

Name of Client: _____ Contact Number: _____

Client Email Address: _____

Address Services Requested: _____ City: _____ State: _____ Zip: _____

Of Children: _____ Name, Age, Gender: _____

Of Pets: _____ Name, Age, Breed: _____ Weight: _____

of Adults: _____ Name, Age, Gender: _____

Adult Current Health: _____

Date Service Requested: _____ Start Time: _____ End Time: _____

Please specify any allergies or health concerns or existing known health conditions: _____

Special Needs and/or Requirements and/or requests: _____

Please tell us the job duties you would like for the caregiver to perform: _____

Would you like the caregiver to feed the Child/Pet/Adult If so, please specify what type of meal, the time for meals, amount of food permitted, where can the caregiver locate this food.

Please specify any additional requests or requirements of the caregiver:

Rate of service- Billed in one hour increments (15 minutes into the new hour) w/minimum 4 hours, gratuity is not included in hourly rate

Number of Children/Pet/Adults -Rates based on 3 children (\$5.00 per additional child) maximum 4 children, 2 pets, 1 adult per caregiver

Return Car Transportation: if caregiver works past 11:00pm, return car service charge of \$30.00

Cancellation Policy: Cancellation fee of 4 hour minimum will be charged to the client if cancellation is not received by the agency within 24 hours of the start time of reservation

Method of Payment: all major credit cards accepted and due upon confirming the care

_____ Client wishes to bill the sitting services to their credit card provided and by initialing and signing this order form understands it is in replacement of signing a credit card authorization form .

Covid 19 Waiver: The client understands the Covid Waiver found on the Family Care website and questionnaire must be completed, signed and emailed upon confirmation of this order and received within 24 hours of the caregiver arriving at the requested service location. The client understands the Covid 19 waiver and Covid 19 questionnaire found on The Family Care Options website must be signed and completed in order for the caregiver to begin to render services.

*By signing below the client agrees to the terms of payment stated above and releases the caregiver stated below and Family Care Options, Incorporated of any and all liability, and/or claims.

***Client Name (please print):** _____ **Date:** _____

***Client Signature:** _____ **Date:** _____

***Caregivers Name (please print):** _____ **Date:** _____

***Caregivers Signature:** _____ **Date:** _____

