

PARENTS IN A PINCH, INC. CHILDCARE AUTHORIZATION

Parent _____

Caregiver _____



Authorization

I authorize the caregiver named above to care for my child(ren) and have given the caregiver instructions and emergency telephone numbers. I will pay the caregiver directly according to the fee schedule listed below and I authorize Parents in a Pinch, Inc. (the Agency) to bill my credit card for the agency referral fee. I understand that this caregiver is not an employee of Parents in a Pinch but is considered my household employee. I hereby hold the Agency and caregiver harmless for all damage, destruction, or accident claims, which may arise out of or in connection with the rendering of childcare services by this caregiver. If this childcare is part of a corporate benefit, I hereby hold the company offering this benefit harmless to the same extent. In consideration of the referral, screening and support services provided by the Agency, I will contact the Agency if I desire further childcare by this caregiver. I will not contact this caregiver directly nor will I use the services of this caregiver without contracting through the Agency. Upon violation of this restriction, I will pay the agency \$2000.00 as and for liquidated damages.

Driving (check if applicable)

I authorize the caregiver to drive my child, understanding that the Agency makes no representation as to the caregiver's driving ability, nor does the Agency carry insurance to cover driving risks.

Medication (check if applicable)

I authorize the caregiver to give my child medication according to written instructions on the reverse (including name of medication, amount, and specific times). I recognize that the caregiver is not medically licensed and is administering this medication at my request and for my convenience.

Parent Signature

	DATE	START TIME	END TIME	TOTAL HOURS	RATES
MONDAY					CAREGIVER (4 hour minimum charge) \$15.00/hr; \$17.00+/hr. newborns AGENCY REFERRAL FEE Corporate members No fee for work-related childcare Non members \$45 eve/weekends only Standard members \$65 day \$35 eve/weekends Premium members \$50 day \$25 eve/weekends CANCELLATION FEE \$30.00 if cancelled in advance; \$60.00 if caregiver is on the way or arrives
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
WEEKEND					

RECEIPT

PARENTS IN A PINCH, INC.

45 Bartlett Crescent, Brookline, MA 02446 617-739-KIDS Federal ID # 04-2831493

Family Name: _____

I provided _____ hours of childcare on this date _____ and I was paid \$_____ for this service.

Caregiver Signature