



www.rocketcitysitters.com

P.O. Box 2081 Madison, Alabama 35758 ★ Phone: 256-272-1727 ★ Fax: 810-222-0198 ★ info@rocketcitysitters.com

## Family Information Form

Please make sure all fields are complete. When finished, save the form to your computer and email as an attachment to [info@rocketcitysitters.com](mailto:info@rocketcitysitters.com).

### PARENTS' INFORMATION

<b>Parent #1:</b>		
<b>Name</b>		
<b>Relationship to Child(ren)</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other: _____	
<b>Home Address City, State Zip</b>		
<b>Home Phone</b>		
<b>Cell Phone(s)</b>	Primary:	Secondary:
<b>Work Phone(s)</b>	Primary:	Secondary:
<b>Email Address</b>	Primary:	Secondary:
<b>Best time to reach you and preferred method of contact</b>		

<b>Parent #2:</b>		
<b>Name</b>		
<b>Relationship to Child(ren)</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other: _____	
<b>Home Address City, State Zip</b>		
<b>Home Phone</b>		
<b>Cell Phone(s)</b>	Primary:	Secondary:
<b>Work Phone(s)</b>	Primary:	Secondary:
<b>Email Address</b>	Primary:	Secondary:
<b>Best time to reach you and preferred method of contact</b>		

**Provide any relevant information for locating your home**, including geographical area, landmarks, name of subdivision, or directions from nearest intersection.

----------------------

## CHILDREN'S INFORMATION

Child #1:		
<b>Full Name</b>		<input type="checkbox"/> M <input type="checkbox"/> F
<b>Date of Birth</b>		<b>Age:</b>
<b>Medical Info</b> (Include food/drug allergies, current medications and pediatrician's info.)		
<b>About Your Child</b> (i.e. developmental level (diapers, solid food, etc.), likes and dislikes, bedtime routine, special needs, etc.)		

Child #2:		
<b>Full Name</b>		<input type="checkbox"/> M <input type="checkbox"/> F
<b>Date of Birth</b>		<b>Age:</b>
<b>Medical Info</b> (Include food/drug allergies, current medications and pediatrician's info.)		
<b>About Your Child</b> (i.e. developmental level (diapers, solid food, etc.), likes and dislikes, bedtime routine, special needs, etc.)		

Child #3:		
<b>Full Name</b>		<input type="checkbox"/> M <input type="checkbox"/> F
<b>Date of Birth</b>		<b>Age:</b>
<b>Medical Info</b> (Include food/drug allergies, current medications and pediatrician's info.)		
<b>About Your Child</b> (i.e. developmental level (diapers, solid food, etc.), likes and dislikes, bedtime routine, special needs, etc.)		

Child #4:		
<b>Full Name</b>		<input type="checkbox"/> M <input type="checkbox"/> F
<b>Date of Birth</b>		<b>Age:</b>
<b>Medical Info</b> (Include food/drug allergies, current medications and pediatrician's info.)		
<b>About Your Child</b> (i.e. developmental level (diapers, solid food, etc.), likes and dislikes, bedtime routine, special needs, etc.)		

Child #5:		
Full Name		<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth		Age:
Medical Info		
<b>About Your Child</b> (i.e. developmental level (diapers, solid food, etc.), likes and dislikes, bedtime routine, special needs, etc.)		

Child #6:		
Full Name		<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth		Age:
Medical Info		
<b>About Your Child</b> (i.e. developmental level (diapers, solid food, etc.), likes and dislikes, bedtime routine, special needs, etc.)		

**Tell us about your expectations for a babysitter.**

(i.e. house rules, general guidelines, cooking, housework, transporting children, etc.)

**Do you have a gender preference for sitters?** ☐ M ☐ F ☐ Doesn't Matter

**Do you have an age preference for sitters?** ☐ Yes, age:  ☐ No, doesn't matter

*Note: All Rocket City Sitters are 18 or older.*

**Do you have pets?** ☐ Y ☐ N

If yes, please list the number, type and any pet care requirements.

**In case of emergency, if a parent cannot be reached, who else can we contact?**

Name:

Relation to Child:  Phone Number:

**How did you hear about Rocket City Sitters?**

## Terms of Use Agreement

Rocket City Sitters is a sitter referral agency that refers clients to sitters to meet a childcare need. In order to use services from this sitting agency, I understand and agree to the following guidelines:

1. All sitting jobs must be booked through Rocket City Sitters. There are no exceptions.
2. The success of Rocket City Sitters is dependent upon using the sitter services honestly and appropriately. Therefore, sitter contact information cannot be shared with others.
3. All sitters are independent contractors of Rocket City Sitters, and they are not employees. While Rocket City Sitters thoroughly screens all sitters, the agency cannot be held responsible for the actions of the individual contractor.
4. There is a cancellation fee of \$25 payable to the sitter if jobs are not cancelled at least 24 hours in advance of the job starting time.
5. All sitters are to be paid directly by the client for all hours worked, starting with the time that the sitter arrives at the client's home and ending at the time the sitter leaves. Rates are to be paid in accordance with the fee schedule set by Rocket City Sitters. Rates are not negotiable. Rocket City Sitters does set minimum durations for booked jobs and clients must pay for the minimum duration if the job ends prior to the set minimum. Additionally, clients must pay sitters a travel fee based on roundtrip mileage from the sitter's home to the client's home at a rate set by Rocket City Sitters.
6. Specific instructions and important information should be given to the sitter prior to the start of the job (i.e. bath time, meals, bedtime, medication needed, etc.). A phone number should be given to the sitter where the client can be contacted at all times while away from the children in care.
7. If a sitter is given permission by a client to drive the client's children, Rocket City Sitters will not be held responsible in the unlikely event that an accident occurs.
8. The client must notify the agency if the child to be cared for is sick. It will then be at the sitter's discretion if she will accept the job with a sick child.

By registering as a client family, I agree to the above terms & conditions set forth by Rocket City Sitters.

In addition, I have reviewed and understand the rates and the cancellation policy (found at [rocketcitysitters.com/rates.php](http://rocketcitysitters.com/rates.php)).

In signing this form, I certify that I understand all the questions and statements in this application. *\*Please note that typing in your name acts as your signature.*

Signature:	Date:
------------	-------