

Super Sitter Registration Form

Family Information

1. Sponsor's Name (Last, First, MI)	2. Spouse's Name (Last, First, MI)
a. Sponsor's Duty Organization	b. Spouse's Employer
c. Address (Street, City, State)	d. Home Phone:
e. Child's Name (Last, First, MI) Age 1. _____ 2. _____ 3. _____ 4. _____	f. Pets (type, name)
Please State Special Needs, Medical Needs, or other conditions:	

Babysitters have been trained and approved by Supplemental Programs and Services. Training requirements include basic first aid, CPR, child abuse and neglect, identification and reporting, and emergency procedures. We encourage you to interview several babysitters to determine which best suits your needs and the needs of your child/children. These names are only intended as referrals. Fees are agreed upon between the Babysitter and the Employer.

In order to use the Babysitter Referral Service the Employer must agree to the following stipulations. The Employer must provide the sitter with safe transportation or escort to and from the sit, children clean at time of the sit, emergency phone list, baby items prepared in advance (i.e. formula, diapers, food), return time, and number where they can be reached. The Sitter will not cook over an open flame, give medication, physically restrain or force children to do anything against their will except to prevent possible injury, rinse soiled garments, use the telephone for personal business, have visitors, or bathe children. The Sitter will clean up after activities with children, provide a safe and comfortable environment to the best of their ability, remain on premises for entire sit unless given permission to leave (i.e. take children to the park), and not allow children to leave supervision. The Employer is not allowed to pass the Sitters name or number to any other parent.

Employer's Signature

Date