

PARENTS RELIEF, INC
PO Box 1428
Holly Springs, NC 27540-1428
919-567-3030

Parent Information
Terms and Conditions

Parents Relief, Inc. is a professional sitting service designed to meet the needs of each customer. It is listed with Child Care Resource and Referral of Wake County, Inc. and is a member of the Better Business Bureau.

We maintain a roster of professional sitters that contract their time with Parents Relief. These individuals are all eighteen years of age or older with previous child care experience. Parents Relief, Inc. has to be sure each person has been criminally screened and has provided six (6) references in order to be bonded by our insurance company. Parents Relief, Inc. also requires that each applicant become CPR certified within six months after inclusion on our roster.

The sitters contract their time through our agency when they are available to work. They are paid by the client at the end of each day. A referral fee is paid to Parents Relief, Inc. for each day we place a sitter in your home. Since Parents Relief, Inc. is a baby-sitting service that contracts sitters time through our company, they are NOT our employee and are NOT required to give any clients their social security number.

Parents Relief, Inc. takes child care very seriously, and we do our best in providing quality people to care for your loved ones. We understand that your child may be uncomfortable when you are away, and thus we require our care givers to put the interests of your child first. We value your feedback after each visit. It is our goal to have your child look forward to spending time with the caregiver. We share your interest in familiarity; thus, if you prefer to primarily use one or two sitters, please give us **advance** notice so that the particular sitter is more likely to be available.

Our care givers have strict guidelines to follow. They are to have no visitors while in your home, and not to use the telephone unless such use relates directly to your child. All sitters are either non-smokers or required to refrain from smoking while on assignment.

We appreciate your interest in Parents Relief, Inc. and look forward to building a rewarding relationship with you and your family.

Sincerely,

Pat Wright, Owner

Parent's Relief, Inc.

TERMS AND CONDITIONS

The Referral fee to the company for placing a sitter in your home each day is \$11.00

The hourly rates range from \$9 to \$13 per hour. Rates for special needs or group sittings will be established individually by management. Sitters are to be paid by the client at the completion of each assignment.

The company has a six (6) hour minimum for daytime jobs and a four (4) hour minimum for evening jobs. Evening hours start at 5pm. The sitters are to be paid the minimum, even if you return early.

Cancellation Policy: When you call and book a sitter you will be charged the referral fee, even if you cancel. If cancelling within 24 hours, there is a \$25 fee payable to the sitter. This will be collected by mailing a check into the office. The office staff will then forward the check to the sitter.

The company offers a range of services. Full-time, part-time or occasional sittings. Trying our best to meet the need of every individual request.

We also offer Over-night care: These prices will be quoted only by management. We will discuss your needs and the sitter we think best for your family, while you are away.

It is very important that all appointments be made through the office. For insurance reasons, if a sitter placement is not arranged by office staff, the sitter will not be insured and bonded. As a result, Parent's Relief, Inc. will not responsible for the sitter.

For service to be available we **MUST** have all the Client Information in the office.

Invoices are mailed on the last business day of the month. **Payment is due in the office by the 15th of the next month.** If payment is not received, the charge will be applied to your credit card.

Registration Fee: A registration fee of \$15 will be deducted from the client's credit card when the application is received in the office.

___ VISA OR ___ MASTERCARD
ACCOUNT # _____ - _____ - _____
EXPIRATION DATE _____
SIGNATURE OF CARDHOLDER (as it appears on card)

By: _____ Date: _____
ACCEPTANCE OF TERMS AND CONDITIONS STATED HEREIN

PARENT'S RELIEF, INC.

RATES

NO. OF CHILDREN	RATE	HOURLY MINIMUM
1 child	\$9/hr.	6 hrs. daytime 4 hrs. evening
2 children	\$10/hr.	6 hrs. daytime 4 hrs. evening
3 children	\$11/hr.	6 hrs. daytime 4 hrs. evening
4 children	\$12/hr.	6 hrs. daytime 4 hrs. evening
5 children	\$13/hr.	6 hrs. daytime 4 hrs. evening
Infants under 6 mos.	\$9/hr.	6 hrs. daytime 4 hrs. evening
Twins under 6 mos.	\$12/hr.	6 hrs. daytime 4 hrs. evening
Twins under 5 yrs.	\$10/hr.	6 hrs. daytime 4 hrs. evening
Triplets under 6 mos.	\$15/hr	6 hrs. daytime 4 hrs. evening
Triplets under 5 yrs.	\$13/hr	6 hrs. daytime 4 hrs. evening
Church rates are \$12/hr. with a minimum of 3 hours		
Hotel rates are \$12/hr. with a minimum of 3 hours; referral fee of \$15		
Overnight pricing will always be determined individually for each client		

HOURLY RATES MAY FLUCTUATE DEPENDING ON AGE OF CHILDREN, ANY SUCH CHANGES WILL BE QUOTED BY MANAGEMENT

TRANSPORTATION FEES

Each Pick-Up and/or Drop-Off (generally associated with school) will result in an additional \$5 fee charged by the sitter. Should your child(ren) require additional transportation \$5 will be charged for each trip out.

OFFICE CONTACT INFORMATION

**Parent's Relief, Inc.
PO Box 1428
Holly Springs, NC 27540-1428**

Tel: 919-567-3030

Fax: 919-567-3033

E-Mail: ParentsRelief@aol.com

URL: www.parentsrelief.com

**Voice Mail Messages will be checked at 8pm daily.
Messages will be returned the next business day.**

OFFICE HOURS:

MONDAY- FRIDAY 9AM- 5PM

If office is to be closed for any reason, notice will be given on Voice Mail message

OWNERS:

PAT AND MIKE WRIGHT

Please keep this information for your records.

PARENT'S RELIEF, INC
CLIENT INFORMATION FORM

NAME DATE OF BIRTH SCHOOL NAME & #

1. _____

2. _____

3. _____

4. _____

PARENTS NAMES _____

PARENTS ADDRESS _____

CITY & ZIP CODE _____

ALL PHONE NUMBERS: HOME _____ WORK _____

MOBILE _____ PAGER _____ FAX _____

EMAIL ADDRESS _____

****ANY KNOWN ALLERGIES**** _____

EMERGENCY INFORMATION:

DOCTOR NAME _____ PHONE _____

DENTIST NAME _____ PHONE _____

FAMILY MEETING PLACE OUTSIDE, IN THE EVENT OF FIRE

Fire extinguisher _____ First Aid supplies _____

Water shut-off _____ Extra house key _____

Any emergency #'s if not in 911 district _____

Family member to contact in event of emergency (other than parents)

Phone _____

PARENT'S RELIEF, INC
CLIENT INFORMATION FORM

USEFUL HOUSEHOLD INFORMATION:

DO BOTH PARENTS LIVE IN THE HOUSE? _____ YES _____ NO
HAS CHILD(REN) EVER BEEN WITH A BABYSITTER? _____
IF HOUSEHOLD PETS, BREED AND NAME _____
DO YOU PREFER YOUR TELEPHONE TO BE ANSWERED? _____

**TELL US SOME OF YOUR BASIC HOUSEHOLD RULES:
(EX. NAPTIME, BEDTIME, FOOD & DRINK RULES, OUTSIDE PLAY, OFF-LIMIT ROOMS)**

ARE THERE ANY FAMILY SITUATIONS WE SHOULD BE AWARE OF?

ANY OTHER THOUGHTS OR COMMENTS FROM THE PARENTS:

ALL INFORMATION IS CONFIDENTIAL. IT WILL BE USED TO PROPERLY MEET THE NEEDS OF YOUR FAMILY.

PLEASE RETURN BOTH PAGES OF CLIENT INFORMATION AND THE AGREEMENT PAGE OF TERMS AND CONDITIONS. ALL PAGES MUST BE IN THE OFFICE FOR PARENT'S RELIEF, INC TO PROVIDE YOU SERVICE.

"YOUR CHILDS NEEDS ARE OUR FIRST PRIORITY"