



www.vipkidsaustralia.com.au

07 49483989

0439821282(Kath)

0431455217(Sally)

INTRODUCING _____

DATE _____

VIP KIDS Childminding Services provides supervised care for your child/children at all times. We ask for your co-operation in completing the following information to ensure your carer is well informed to deliver high quality care for your family. If you require further bookings please contact VIP KIDS.

Parent Name/s _____

Child/Children's Names and ages _____

Hotel or House Address _____

Emergency Contact # _____

Allergies/Special Needs _____

EXCURSION AUTHORITY

I authorise my carer to supervise my children on an outing to: _____

Approximate times _____

Parent Signature _____ Date _____

INFANTS DETAILS

Bottle Times _____

Sleep Times _____

MEDICATION

Type _____ Time of Dosage _____ Amount _____

Parent Signature _____ Carer Signature _____

Date _____

Please read and sign below:

1. I agree that the rate of payment shall be a minimum of \$50.00 for the first three hours and \$15.00/\$20.00 per hour thereafter paid directly in cash to the sitter at the end of the day or evening.
2. In the event of an accident or illness I authorise the carer to seek the medical attention my child may require and I agree to meet any expenses incurred.
3. I have completed all information necessary to my carer and accept this person is responsible to provide care for my child/children.
4. The carer is employed by me, the guest and not VIP KIDS. I acknowledge that the carer receives no payment or benefit from VIP KIDS.

Parent/Guardian Signature _____ Date _____

Carers Signature _____ Date _____