

Seminole Sitters, LLC

SeminoleSitters@gmail.com

<http://www.SeminoleSitters.com>

Enrollment Application

Child's Full Name _____ Birth Date _____

Child's Full Name _____ Birth Date _____

Child's Full Name _____ Birth Date _____

Child's Full Name _____ Birth Date _____

Full Address _____

Home Number _____

Mother's Name _____ Cell _____

Workplace/Position _____ Office _____

Father's Name _____ Cell _____

Workplace/Position _____ Office _____

Local Emergency Contact _____

Medical Release and General Information (required - please initial)

I hereby give permission for any and all medical attention necessary to be administered to my children in the event of an accident, injury, sickness, or other ailment under the direction of local medical professionals until such time as I may be contacted. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the children named above. I hereby assume the responsibility for the payment of any such treatment.

If I wish for medicine to be administered to my children, I will leave a signed and dated note for my Sitter every day they are to receive medicine. This signed and dated note will include the name of the child receiving medicine, the name of the medicine, the proper dosage, and the times it is to be administered, as well as the name of the prescribing physician.

Photography Consent Form (optional)

I agree to allow my child to be photographed by Seminole Sitters for the purpose of evaluating Sitters or for the promotion of their business.

I DO give consent for photographs.

I DO NOT give consent for photographs.

Parent Signature

Date