



Giggles

Sitter Services

Application for Services
2008

Name _____
 Street Address _____
 City _____ State _____ Zip Code _____

Primary Contact Information

Name _____
 Phone _____ Email _____

Please complete the following information for each child who may receive services in this household.

Name	Age	Sex	Special Needs?	Verbal?	Potty-Trained?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please indicate what services you are interested in using.

_____ One-time	Days _____	Hours _____	Overnight _____
_____ Recurrent	Days _____	Hours _____	Overnight _____
_____ Temporary	Start ___/___	End ___/___	Hours _____
_____ Long Term	Start ___/___	End ___/___	Hours _____
			Overnight _____

Multiple sitters may be used for bookings longer than 8 hours. Multiple sitters may be required for the same job based on the number and needs of the children.

Duties include (Please check all that apply)

Meal Preparation
 Driving
 Diapering
 Bathing
 Medical responsibilities please describe _____

What qualities do you think a person working with your child should have?

