

Professional Care for Parents Day/Night Out Application

We are offering parents a "day/night out" on_____. This is a chance to go out for a couple hours of relaxation without worrying about care giving arrangements.

The cost for the "night" out service is \$10.00 flat rate for the first child, plus \$5.00 for each additional child between the hours of 6:00 p.m. to 10:00 p.m. The cost for the "day" out service is \$15.00 flat rate for the first child, plus \$5.00 for each additional child, between the hours of 10:00 a.m. and 4:00 pm. This rate is not to affect our regular policy on late fees and is in effect for this day or night only. Please submit this form, with payment attached, to the office by **no later than** _____. This allows us to staff accordingly for the day.

Child(ren)'s Family Name: _____

First Name(s): _____

Age(s) of Child(ren): _____

Parent(s) Name(s): _____

Drop off time: _____ Pick up time: _____

Would you like your child to have a rest? _____ **(evening care only)**

Where can you be contacted: _____ Phone number: _____

Alternate in case of emergency: _____ Phone: _____

Information staff should be aware of (i.e. bottles given at bedtime, medication required, allergies, etc.):

Note: Hours booked are billable and payment should be attached to this form. If payment is not attached, care may not be provided.

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