



Bay Area 2nd MOM, Inc.

Nanny/Senior Care, Long Term, Temporary and On-Call Referral Service

Dear Hotel Guest,

Thank you for choosing **Bay Area 2nd MOM, Inc.** to assist you with your child care needs. Attached is information on our hotel childcare services for your review. We will happily assist you with your child-care needs while you are a guest in one of our fine Bay Area Hotels.

To assure that your stay is pleasant and that your childcare needs are met properly and safely, we ask that you carefully review the following steps.

First, take a look at our [Hotel Nanny Service Brochure](#) and note the stringent processes we use to thoroughly screen the nannies before sending them to you. We try to weed out all possible problematic issues and maintain our high and quality standards. To help us deal with them, we ask that you follow the steps below to help us make a proper fit and assure the highest security for the nanny that we recommend to you.

These are our requirements to complete the booking of your nanny:

- 1) Review the attached information and call our office once you are ready to request a nanny. If you are calling Monday thru Friday between 9am and 5pm, please call (888) 9-2NDMOM, if you are calling outside of those times you may call our after hours counselor at (650) 858-4984.
- 2) Carefully review, complete and sign our [Hotel Agreement](#) and [Credit Card Authorization](#). You will need to supply us with a copy of your Driver's License and your Credit Card, (both sides) and then all copies must be returned to the fax number provided by the representative you spoke to in our office.

Once we speak with you and receive these necessary items, we will book a nanny to fill your need and confirm the name of the nanny, the dates and times of service with you.

Once again, thank you for choosing **Bay Area 2nd MOM, Inc.** to assist you with your child care needs and feel free to call us with any questions.

Cordially,

Bay Area 2nd MOM, Inc.

www.2ndmom.com

- Palo Alto Office - 872 San Antonio Rd, Palo Alto CA. 94303 Tel: 650-858-2469, Fax: 650-493-6598
- Emeryville Office - 6400 Hollis Street Suite 8, Emeryville, CA. 94608 Tel: 888-926-3666, Fax: 510-595-1350

BAY AREA 2nd MOM, INC.
The Bay Area's Premiere Nanny Agency
Hotel Caregiver Service Agreement
Direct (650) 858-2469 --- Fax (650) 493-6598

1. The HOTEL GUEST (hereinafter "Employer") agrees to contract care giving services provided by Bay Area 2nd MOM, Inc. (hereinafter "Agency"). **Before the scheduled Caregiver can be confirmed**, guests must submit this signed **HOTEL CAREGIVING SERVICE AGREEMENT**, the attached **CREDIT CARD AUTHORIZATION** and **A CLEAR, READABLE COPIES OF THE CREDIT CARD (Both Sides) and the HOLDER'S DRIVERS LICENSE**. (**THESE ITEMS MUST BE RECEIVED BY BAY AREA 2ND MOM, Inc., and READABLE, OR WE WILL NOT BE ABLE TO ASSIST YOU.**)
2. There is a four (4) hour minimum for scheduled services.
3. For your convenience, the total amount due (i.e. hourly rate x the number of hours, plus \$5.00 for caregiver's transportation) will be charged on your pre-approved credit card.
4. The employer is further responsible for additional charges, payable directly to the Caregiver, which include: 1) Applicable parking fees; and 2) Any applicable bridge toll charges. (Parking is usually through Valet Service and is charged to your room, or is re-imbursed to the Caregiver.)
5. **THE RATE FOR ON-CALL SERVICE IS \$21.00 PER HOUR WHEN THERE IS:**
 - a) One child
 - b) Two children with one child over four years old
6. **THE HOURLY RATE IS \$24.00 WHEN THERE ARE:**
 - a) More than one child under four years of age [no more than two (2) children]
 - b) More than one child in diapers [No more than two (2) children]
 - c) Twins [over four (4) years of age]
 - d) Three Children, where at least two children are over four years of age.
7. **THE HOURLY RATE IS \$27.00 WHEN THERE ARE:**
 - a) Twins and one additional child [all must be over four (4) years of age]
 - b) Twins [under four (4) years of age]
 - c) Three children, where two children are under four years of age.
 - d) Any child having special needs.
 - e) Four (4) children from one family [at least three (3) of the children must be over four (4) years of age]
8. **THE HOURLY RATE IS \$30.00 WHEN THERE ARE:**
 - a) Four(4) children [where at least two (2) children are under four (4) years of age]
 - b) Three (3) children under four (4) years of age.
 - c) Two applicants sharing a sitter [not to exceed 3 children were they are all over four (4) years of age]
 - d) Twins [Under four (4) years of age plus one child over four (4) years of age.]
9. **THE HOURLY RATE IS \$33.00 WHEN THERE ARE:**
 - a) More than one child requiring special care [no more than two children.]
 - b) Two applicants sharing a sitter [not to exceed 3 children were 1 child is under four (4) years of age]
 - c) Twins [under four (4) years of age plus one child under four (4) years of age]
10. **THE HOURLY RATE IS \$36.00 WHEN THERE ARE:**
 - a) Two sets of twins
 - b) Triplets any age
 - c) Two applicants sharing a Caregiver [not to exceed 3 children were 2 or more children are under four (4) years of age]
11. More than four children and/or more than two applicants sharing a Caregiver will require additional caregiver with additional rates that will be quoted separately. Employer will be charged time and one-half when assignments exceed eight (8) hours; when assignment extends beyond 1:00 a.m., and on pre-designated holidays. These holidays are: New Year's Day, ML King Jr. Day, Chinese New Year, President's Day, Good Friday, Memorial Day, US Independence Day, Labor Day, Rosh Hashanah, Yom Kippur, Columbus Day, Thanksgiving Day, Christmas Eve, Christmas Day, and New Year's Eve.
12. Employers arriving home earlier than planned must pay for time scheduled. Cancellation of booking within 48 hours of scheduled time will be charged for full scheduled time. Any cancellation is subject to a \$10.00 charge.
13. The Agency will not approve or disapprove of a Caregiver using her, or his, own car to transport children or run errands, however the Agency will not be held responsible for any mishaps resulting therefrom.
14. All **scheduling** of Caregiver's service will be **made only through the Agency's on-call service**. If any scheduling is done otherwise, Employer will be held accountable for full payment of amount/s due, plus any special handling fees and any and all legal fees associated with this agreement.
15. Agency does not guarantee that employer will be satisfied with caregiver, or the caregiver's performance. In no event shall agency or its representatives be held liable to Employer by reason of claim Employer might have against caregiver, or by reason of any acts or omissions of caregiver hired by Employer. Employer agrees to indemnify agency and hold it and it's representatives harmless from any and all costs or expenses (including, without limitation, any and all reasonable attorney fees arising out of any claim against agency or it's representatives relating in any way to sitter's employment
16. This agreement may be signed in counterparts and on facsimile copies. Any controversy or claim arising out of, or relating to this agreement, or the breach thereof, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, or J.A.M.S / Endispute. Judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

EMPLOYER HAS READ AND UNDERSTANDS THIS AGREEMENT AND SO SIGNIFIES BELOW:

Date: _____

Employer (Print Name): _____

Employer Signature: _____

Bay Area 2nd Mom Inc: _____

Bay Area 2nd MOM, Inc.
Hotel Credit Card Authorization



This authorization is to be used to charge agency fees for caregiving services referred to the following Hotel Guest.

Before we can refer a caregiver to assist you with your needs, we will need you to complete the following form and the attached agreement. After completing this form and the attached agreement, **fax them back to our office (650.493.6598 or if faxing after hours 650.424.0543)** along with clear copy of: **1) Both sides of your credit card and 2) Your valid Drivers License. Note:** The name on the identification must match the name on the credit card to be accepted.

Parent Personal Information			Date of Application:		
Parent (Primary Contact)					
Home Address		City	State	Zip	
Home phone		Cell phone	Work Phone		
Email address		Fax Number	<input type="checkbox"/> Call First		
Credit Card Information (Person responsible for payment)					
My signature authorizes billing to my credit card as indicated below for the services requested from Bay Area 2 nd Mom, Inc. Please check the box next to the type of credit card you are using:					
		<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	
Is the credit card registered with the hotel?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Credit Card Number			Expiration Date		
Driver's License Number		Issuing State	Expiration Date		
Date of Birth			Social Security Number		
Print Name		Signature	Today's Date		
Hotel Information					
Name of Hotel		City	Room Number		
Room Registered Under		Relationship	Length of Hotel Reservation?		
			Date _____ to Date _____		
Please check the day and fill in date and hours needed					
<input type="checkbox"/> Monday	Date _____ Time _____ to _____	<input type="checkbox"/> Wednesday	Date _____ Time _____ to _____	<input type="checkbox"/> Friday	Date _____ Time _____ to _____
<input type="checkbox"/> Tuesday	Date _____ Time _____ to _____	<input type="checkbox"/> Thursday	Date _____ Time _____ to _____	<input type="checkbox"/> Saturday	Date _____ Time _____ to _____
Children's names		Sex	Date of Birth	Please list any special needs or circumstances that we should be aware of	
Personal Reference (whom you have known two years or longer)					
Name		Address		Home Phone	
Emergency Contact (other than yourself)					
Name		Address		Relationship to child	
Home Phone		Work Phone		Cell Phone	

**Authorization for Pediatric Emergency
Medical and/or Surgical Treatment**

Leave for your sitter

In the event that my child requires medical care (and the determination thereof shall rest solely with you), I hereby authorize the doctor and or doctors and or hospital to which my child may be brought to perform all necessary procedures and render and indicated treatment. That includes the administration of any anesthesia if needed, and the performance of an operation, if the option of said doctor or doctors is the same and if necessary.

PARENT INFORMATION:

Parent Name: _____ Relationship to Child: _____

Parent Signature: _____ Date: _____

CHILDRENS' INFORMATION:

Child's Name: _____	Date of Birth: _____
Medical Facility: _____	Pediatrician: _____
Address: _____	
Phone Number: _____	Policy/Medical #: _____
Insurance Company: _____	
Medication Allergies: _____	

Child's Name: _____	Date of Birth: _____
Medical Facility: _____	Pediatrician: _____
Address: _____	
Phone Number: _____	Policy/Medical #: _____
Insurance Company: _____	
Medication Allergies: _____	

Child's Name: _____	Date of Birth: _____
Medical Facility: _____	Pediatrician: _____
Address: _____	
Phone Number: _____	Policy/Medical #: _____
Insurance Company: _____	
Medication Allergies: _____	

AUTHORIZATION FOR DISPENSING MEDICATION

PROVIDER:

CHILD:

MEDICATION MUST BE IN ITS ORIGINAL CONTAINER AND PRESCRIBED BY A PHYSICIAN

DATE	NAME OF MEDICATION	PRESCRIPTION#	DOCTOR	DOSAGE	WHEN TO GIVE	PARENTS SIGNATURE

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DATE	NAME OF MEDICATION	PRESCRIPTION#	DOCTOR	DOSAGE	WHEN TO GIVE	PARENTS SIGNATURE

[Fill out and sign the Medical Authorization slips (if applicable) and give to the Sitter].