

Covenant Sitters, LLC

Sitter Search Application

Today's date: _____

Mother or Guardian's Name: _____ Cell Number: _____

Father or Guardian's Name: _____ Cell Number: _____

Address: _____ Subdivision: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Do you work from home? Yes _____ No _____

Does your job require you to travel? _____ If yes, how often? _____

Mother Occupation: _____ Father Occupation _____

(M) Work # _____ Fax Number: _____ Email Address: _____

(F) Work# _____ Fax Number: _____ Email Address: _____

Marital Status: _____ Number of Children: _____

Are you pregnant? _____ If yes, when are you expecting? _____

When do you need a Sitter to start? _____

Please list **days** and **times** you request a Sitter: _____

Children's Information

1.) Last: _____ First: _____ Middle: _____

Age: _____ Sex: _____ DOB: _____ Name Goes By: _____

2.) Last: _____ First: _____ Middle: _____

Age: _____ Sex: _____ DOB: _____ Name Goes By: _____

3.) Last: _____ First: _____ Middle: _____

Age: _____ Sex: _____ DOB: _____ Name Goes By: _____

Do you have any pets? Yes _____ No _____

If Yes, Names and Breeds: _____

State any medical problems we should be aware of (Please include allergies and chronic conditions) _____

List any medications we should be aware of _____

Describe any disabilities we should be aware of: _____

Emergency Contact other than Parent or Guardian/ Number: _____

Type of childcare service needed (**Check all that apply**):

Periodic/ Occasional Sitting _____

Overnight /Emergency Care _____

Hotel Room Childcare _____

Group Childcare _____

Places of Worship Nursery Childcare _____

Which age group do you prefer? (**Check all that apply**)

18-29 _____ **30-45** _____ **45-60** _____ **Over 60** _____

No particular preference _____

Do you prefer a specific race or ethnic group? Yes _____ No _____

Please give specifics _____

Do you prefer a specific religious affiliation? Yes _____ No _____

Please give specifics _____

Do you prefer male or female? Male ____ Female ____ No particular preference _____

Do you want a non smoker? Yes _____ No _____ No particular preference _____

Some caregivers on our staff may be mothers. Would it be acceptable for them to bring their own child along on a sit, if necessary? Yes _____ No _____

Yes, but depends on the age of child that may accompany sitter _____

Do any other adults live in your home? _____

Does anyone in your household smoke? _____

Directions to your home: _____

Interesting Facts about you: _____

Credit Card Information

Name (as it appears on Credit/Debit card) _____

Card Type (Visa, MasterCard, AMEX, and Discover) _____

Card Number _____

Expiration Date _____

Security Code _____

***Please send check or money order payable to Covenant Sitters, LLC for application fees. If you wish to have registration or referral fees on the card provided above please indicate that below. Parent application and contract can be faxed to (843) 554 – 7872 or mailed to:**

Covenant Sitters, LLC

PO Box 72443

North Charleston SC 29415

(843) 554- PURE

Charge registration fee on the Credit/Debit card above? Yes _____ No _____

Charge referral billings on the Credit/Debit card above? Yes _____ No _____