

Covenant Sitters, LLC

Sitter Search Application

Today's date: _____

Parents/ Guardian's Name: _____ Cell Number: _____

Address: _____ Subdivision: _____

Hotel or Resort Name _____ Number of Children: _____

Hotel or Resort Telephone Number _____ Room Number _____

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

Individual Childcare _____ Group Childcare _____

Date and Time Sitter(s) needed: _____

Children's Information

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

Age: ____ Sex: ____ Name Goes By: _____

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

Age: ____ Sex: ____ Name Goes By: _____

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

Age: ____ Sex: ____ 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: _____

**Please call *Covenant Sitters, LLC* with any questions or concerns at
(843) 554-PURE. Sitter Search application and Hotel & Resort Guest
Contract can be faxed to (843) 554 – 7872.**