



Date: _____

Client's name: _____

Location (or room#): _____

Client's contact number(s): _____

Nanny's Name: _____ *Hereafter referred to as 'the Nanny'*

Rates & Payment

1. \$35/hr for the first 2 children
2. \$2/hr for each additional sibling
3. \$3/hr for each additional non-sibling
4. \$52.50/hr after 8 consecutive hours and \$60/hr after 12 consecutive hours
5. Additional \$3/hr after 11pm
6. \$30 non-refundable booking fee/nanny
7. For national or other public holidays, time and a half (\$45/hr) will apply. For December 24th after 5pm, all of December 25th, December 31st after 5pm, and all of January 1st, the rate will be double the regular rate.
8. There is a **4 HOUR MINIMUM CHARGE** for all bookings.
9.
 - a. \$35 travel fee/nanny for bookings at or near Rockwater Secret Cover Resort
 - b. \$45 travel fee/nanny for bookings at or near Painted Boat Resort
 - c. \$55 travel fee/nanny for bookings at or near West Coast Wilderness Lodge
10. Payment by Cheque, e-transfer or Paypal (3% fee applies). **No refunds within 21 days of booking.**

** Client must disclose if there is surveillance in the home/room. **

Activity Release

I, the undersigned, give the Nanny permission to take the following child/children swimming, hiking, skating or:

Child/children's name(s): _____

I understand that there are risks to any activities and will not hold the Nanny/Home Healthcare Network responsible for any problem arising from this excursion.

Parent/Guardian signature: _____ Date: _____

Permission to drive the Child/Children

I, the undersigned, give permission to the Nanny to drive my child/children to the activities listed above and understand the risks of being a passenger in a motor vehicle.

Parent/Guardian signature: _____ **Date:** _____

Medical Release

It is the Nanny`s duty to attempt to notify a parent when a child is ill or requires medical attention. However, in the event that this is not possible and immediate medical attention is required, the Nanny would take your child to the nearest emergency medical centre.

I, the undersigned, give permission to the Nanny to sign for any medical treatment that is deemed necessary to protect the health of my child/children in the event that I cannot be reached.

Child/children`s full name(s): _____

Date(s) of birth: _____

Insurance/Care Card number(s): _____

Medical Conditions/Allergies: _____

Current medications: _____

I, the undersigned, hereby release and agree to hold harmless the Nanny and/or Home Healthcare Network from loss or damage to property or injury to any person including myself (and those for whom I am a parent or guardian) resulting from the use of Home Healthcare Network (not including obvious neglect or abuse).

Parent/Guardian signature: _____ **Date:** _____