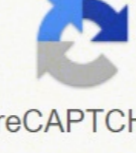


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# Babysitting application pdf printable template pdf

Babysitting/Child Care Receipt

Name of Babysitter: \_\_\_\_\_  
Number of Children Cared For: \_\_\_\_\_  
Address of Babysitter: \_\_\_\_\_

Date	Time (a.m. or p.m.) From: To	Number of Hours	x \$4.00/Hour (Max. 10 Hours/Day)

Your Signature: \_\_\_\_\_

\* Please note: Rate relating to child care exceeds from 12:00am-12:00am (i.e. midnight to midnight) is one full day.

There is a maximum of 10 hours for the child care. This reimbursement is allowed if, for each reason for work continuation, health reasons, or family matters, a doctor's approval is available to the home of the same time per day or other.

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*the basics*

**babysitting**  
BABY EDITION

**PARENTS NAMES:** \_\_\_\_\_  
**WE ARE AT:** \_\_\_\_\_  
**WE'LL BE HOME AROUND:** \_\_\_\_\_  
**OUR ADDRESS:** \_\_\_\_\_  
**OUR PHONE NUMBER:** \_\_\_\_\_

*contact*

NAME	PHONE NUMBER	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*the baby*

NAME	AGE	ALLERGIES/MEDICATIONS/NOTES
_____	_____	_____

*bottles*

TIME	QUANTS TO GIVE
_____	_____
_____	_____

*food & snacks*

NEEDS TO FEED ME	SNACKS TO FEED ME
_____	_____
_____	_____
_____	_____

*tips or bedtime*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*info for you*

**WELL-KNOWN:** \_\_\_\_\_  
**OTHER:** \_\_\_\_\_

CANYON VIEW POOL ASSOCIATION  
Membership Application

Instructions:  
1. Please print clearly.  
2. The information requested is for the association's records.  
3. The information requested is for the association's records.  
4. Please print clearly.  
5. Please print clearly.

Membership Number: \_\_\_\_\_  
Member's Name (Last, First, Middle): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Babysitter's full name: \_\_\_\_\_  
to be admitted as an approved child care provider for the pool.

Member's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Babysitter's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Association Director/President's Signature/Approval: \_\_\_\_\_  
Date: \_\_\_\_\_

Resubmitted by the CVPA Board of Directors.

Signature of the Membership Director, Canyon View Pool Association, Inc.: \_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of the Treasurer, Canyon View Pool Association, Inc.: \_\_\_\_\_  
Date: \_\_\_\_\_

## ELMONT UNION FREE SCHOOL DISTRICT 135 Elmont Road ~ Elmont, New York 11003 Tel# (516) 326-5500 ext 42032 or 42033 ~ FAX# (516) 326-5554 TRANSPORTATION DEPARTMENT

### APPLICATION FOR CHANGE OF BUS STOP (BABYSITTER REQUEST FORM)

I HEREBY CERTIFY that I am the parent or legal guardian of \_\_\_\_\_  
enrolled in the \_\_\_\_\_ grade at the \_\_\_\_\_ School.

I FURTHER CERTIFY that my legal residence is \_\_\_\_\_  
and my child's assigned bus stop is \_\_\_\_\_

I HEREBY REQUEST that my child \_\_\_\_\_ be permitted to use an existing  
bus stop at \_\_\_\_\_  
(check one) AM Pick-Up \_\_\_\_\_ PM Pick-Up \_\_\_\_\_ Both AM & PM \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
Name of Babysitter: \_\_\_\_\_ Telephone \_\_\_\_\_  
Address: \_\_\_\_\_  
I agree the reasons stated below: \_\_\_\_\_

I HEREBY HOLD THE ELMONT UNION FREE SCHOOL DISTRICT HARMLESS FROM ANY CONSEQUENCES RESULTING FROM GRANTING THIS REQUEST AND UNDERSTAND THAT THE PERSON AUTHORIZED TO PICK UP MY CHILD MUST BE 18 YEARS OF AGE OR OLDER AND HAVE PHOTO IDENTIFICATION.

Date: \_\_\_\_\_ Signature of Parent/Legal Guardian: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**\*This form must be notarized prior to submission.\***

Witnessed by: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**FOR OFFICE USE ONLY:**  
Approved \_\_\_\_\_ or Denied \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
New Stop: \_\_\_\_\_  
Bus \_\_\_\_\_ Driver \_\_\_\_\_

**NOTE:** If signed by legal guardian, proof of guardianship must be attached to this application OR if Proof of residency-Custody Form is on File with the District, please initial here: \_\_\_\_\_

Please see reverse side for Board of Education Policy.

Signature 2/12/04

Babysitting/Child Care Receipt

Name of Babysitter: \_\_\_\_\_  
Number of Children Cared For: \_\_\_\_\_  
Address of Babysitter: \_\_\_\_\_

Date	Time (a.m. or p.m.) From: To	Number of Hours	x \$4.00/Hour (Max. 10 Hours/Day)

Your Signature: \_\_\_\_\_

\* Please note: Rate relating to child care exceeds from 12:00am-12:00am (i.e. midnight to midnight) is one full day.

There is a maximum of 10 hours for the child care. This reimbursement is allowed if, for each reason for work continuation, health reasons, or family matters, a doctor's approval is available to the home of the same time per day or other.

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