



2000 Agency of the Year

White House Nannies Inc.

7200 Wisconsin Avenue • Suite 409 • Bethesda, Maryland 20814

WHITE HOUSE NANNIES, INC. CHILDCARE AUTHORIZATION AND RECEIPT

Parent _____ Private Client

Caregiver _____ Corporate at _____

Authorization

I authorize the caregiver named above to care for my child(ren) or family member and have given the caregiver clear instructions and emergency telephone numbers. I will pay the caregiver directly the hourly or daily rate agreed upon, and I agree to pay to WHN (the Agency) the daily referral fee in effect for the services provided. When authorized to do so, the Agency may charge my credit card for the daily referral fees. I understand that this caregiver is not an employee of WHN but is considered my household employee. I hereby hold the Agency and caregiver harmless for all damage, destruction, or accident claims, which may arise out of or in connection with the rendering of childcare services by this caregiver. In consideration of the referral, screening and support services provided by the Agency, I will contact the Agency if I desire further childcare by this caregiver. I will not contact this caregiver directly nor will I use the services of this caregiver without contracting through the Agency. Upon violation of this restriction, I will pay the agency \$2000.00 as and for liquidated damages. This *Authorization* supersedes the similar provision contained in the Temporary Placement Agreement but all other provisions of that agreement remain in full force and effect.

Driving (check if applicable)

I authorize the caregiver to drive my child, understanding that the Agency makes no representation as to the caregiver's driving ability, nor does the Agency carry insurance to cover driving risks.

Medication (check if applicable)

I authorize the caregiver to give my child medication according to written instructions on the reverse (including name of medication, amount, and specific times). I recognize that the caregiver is not medically licensed and is administering this medication at my request and for my convenience.

Parent Signature

date

	Date	Start Time	End Time	Total Hours	Hourly Rate
MON					\$
TUES					\$
WED					\$
THURS					\$
FRI					\$
SAT					\$
SUN					\$

fold and cut or tear

WHITE HOUSE NANNIES, INC. - RECEIPT

Federal Tax ID no. 52-1510741

Family Name _____

I provided _____ hours of childcare on this date _____, 20____
and was paid \$ _____ for this service.

Caregiver signature

date