

Sunflower Sitters Referral Services, LLC

FAMILY INFORMATION FORM (PLEASE HAVE COPY AVAILABLE FOR PROVIDER)

MOTHER'S NAME: _____ FATHER'S NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____ CELL NUMBERS: _____

EMAIL ADDRESS: _____

OCCUPATION—MOTHER: _____ FATHER: _____

WORK ADDRESS: _____

WORK NUMBER: _____

NEIGHBOR'S NAME AND NUMBER: _____

EMERGENCY CONTACT NAME AND NUMBER: _____

PHYSICIAN'S NAME: _____ NUMBER: _____ ADDRESS: _____

HEALTH INSURANCE: _____ POLICY NUMBER: _____

CHILDREN'S INFORMATION:

NAME

BIRTHDATE

SCHOOL

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

DO YOUR CHILDREN HAVE ANY HEALTH CONDITIONS WE SHOULD BE AWARE OF (ASTHMA, FOOD ALLERGIES OR ANY SPECIAL MEDICAL/FOOD NEED)? _____ IF YES, PLEASE COMPLETE HEALTH FORM.

WILL THE CARE PROVIDER BE EXPECTED TO DISPERSE ANY MEDICATIONS? _____

IF YES, PLEASE COMPLETE AN UPDATED HEALTH FORM FOR EACH DATE CARE IS REFERRED BY SUNFLOWER SITTERS REFERRAL SERVICES, LLC.

**PROVIDERS WILL NOT ADMINISTER SHOTS.

IS TELEVISION VIEWING/COMPUTER TIME ALLOWED? _____ IF SO, HOW MUCH AND WHICH

PROGRAMS ARE ALLOWED? _____

PLEASE LIST ANY SPECIAL INSTRUCTIONS REGARDING FOODS, BATHING, TOILET TRAINING, ETC.: _____

DO YOU HAVE PETS? _____ IF SO, WHAT TYPES _____

IS THIS A SMOKING HOUSEHOLD? _____

YOU CAN REQUEST A PROVIDER WITH SPECIAL INTERESTS TO MAKE THE EXPERIENCE EVEN MORE REWARDING FOR YOU AND YOUR CHILDREN. FOR INSTANCE, WOULD YOUR CHILDREN ENJOY A PROVIDER WHO IS VERY ACTIVE AND ENJOYS PLAYING SPORTS, OR A PROVIDER THAT LOVES TO TELL INCREDIBLE STORIES. PLEASE MAKE YOUR REQUEST AND WE WILL DO OUR BEST TO FILL IT.

SUNFLOWER SITTERS FEELS STRONGLY THAT EVERY PARTICIPANT IN OUR REFERRAL PROCESS IS COMFORTABLE AND SAFE. IN ORDER TO MAKE THAT POSSIBLE FOR THE PROVIDER SUNFLOWER SITTERS ASKS YOU TO PROVIDE A REFERENCE FOR YOURSELF. THIS REFERENCE SHOULD BE FROM SOMEONE WHO CAN COMMENT ON A PROVIDER FEELING COMFORTABLE AND SAFE IN YOUR HOME WHILE CARING FOR YOUR CHILDREN.

REFERENCE NAME: _____

ADDRESS: _____ PHONE: _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

IN WHAT CAPACITY HAVE YOU KNOWN THIS PERSON? _____

PLEASE PLACE A CHECK FOR EACH CONSENT:

I CONSENT TO EMERGENCY CARE OR TREATMENT IF I CANNOT BE REACHED IMMEDIATELY.

I GIVE CHILD CARE PROVIDER PERMISSION TO TRANSPORT CHILD/CHILDREN TO EMERGENCY ROOM/DOCTOR'S OFFICE BY CAR.

I GIVE CHILD CARE PROVIDER PERMISSION TO TRANSPORT CHILD/CHILDREN FOR APPROVED ACTIVITIES.

I GIVE CHILD CARE PROVIDER PERMISSION TO TAKE MY CHILD/CHILDREN ON WALKS.

THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO NOTIFY SUNFLOWER SITTERS OF ANY CHANGES TO THIS APPLICATION. I ALSO AGREE TO KEEP A COPY OF THIS FORM AVAILABLE FOR SITTERS.

MOTHER'S SIGNATURE: _____ DATE: _____

FATHER'S SIGNATURE: _____ DATE: _____

HOW DID YOU LEARN ABOUT SUNFLOWER SITTERS?

BILLING INVOICES WILL BE SENT THROUGH EMAIL UNLESS REQUESTED OTHERWISE.