

PROFESSIONAL CHILDCARE FOR HOTELS

Staffing Solutions @ Mothers' Aides has been a leader in helping families with their childcare needs in the Washington metropolitan area since 1979. Our astonishing growth can be attributed to the urgent need for professional nurturing childcare where safety of the child is paramount.

Staffing Solutions @ Mothers' Aides is a member of the International Nanny Association (INA), the Alliance of Premier Nanny Agencies (APNA), and the Better Business Bureau. We are committed to providing quality care to children of all ages.

Our providers are selected for their character, experience in childcare and personal presentation. We carefully screen each provider, conduct an in-depth personal interview, check references, provide a comprehensive orientation on health and safety issues and complete a background investigation to include criminal history and driving record. We also assure that our providers are legally authorized to work in the United States. We require our providers to have CPR..

Many of our clients visit the Washington Metropolitan area and stay in hotels. We understand a parent's concern about leaving their child with a stranger in an unfamiliar setting. Our providers have been chosen specifically for their patience, compassion and love of children so that the experience will be a safe and happy one for the child. **Staffing Solutions @ Mothers' Aides** means peace of mind.

OUR PROCESS: In order to secure a provider, we will need:

- 1. Call our office at the number listed below for your request.**
- 2. Fill out our Registration Form (see attached).**
- 3. Fax the form to the number listed below.**

FEES TO THE AGENCY

- Referral fee for childcare is \$70.00 per day for each provider we refer.
- Overnight and Holidays, there is additional \$10.00 per day fee
- Agency fees are billed strictly through credit cards. We accept Visa, Master Card, American Express, and Discover. Referral fees are non-refundable.

FEES TO THE CAREGIVER

- Providers will charge \$16.00 - \$20.00 per hour with a 4 hour minimum and pay the providers in cash.
- Clients are responsible to pay for the amount of time booked, with a grace period of one hour.
- There are additional charges for touring, driving, groups, non-sibling children, and holidays.
- Clients are to pay any parking fees that the provider may incur while on an assignment.
- There is a \$25.00 cancellation fee in addition to the daily referral fee when hotel guests cancel a provider less than 24 hours.

Call our office Mon. – Fri. - 8:30 am -5:00 pm at 703-250-0700 Ext. 14

Before and after office hours, call 703-928-9434

Fax: 703-940-8882

REGISTRATION APPLICATION FOR HOTEL SERVICES

Name: _____
First Last (Both Adults where applicable)

Address: _____
Street
City State Zip

Home # (____) _____ Work # (____) _____ Ext-____ Mobile # (____) _____

Spouses Work # (____) _____ Ext-____ Mobile # (____) _____ E-Mail Address: _____

Hotel: _____
Name Location Phone

Childcare will take place in a: Regular Room Suite Conference Room Other: _____

Dates and Hours Needed! _____

The Care Is For (Names) _____ Birth Date ____/____/____ Gender: M / F

_____ Birth Date ____/____/____ Gender: M / F

Special Needs (i.e. disability, behavioral, medications, allergies, etc.) _____

Day and Evening Referral - \$70.00 per day per provider

Overnight and Holidays – an additional \$10.00 per day fee

How did you hear about Staffing Solutions @ Mothers' Aides? _____

REQUIRED SERVICES: Family Child Care Companion Care Party/Wedding Group Child Care

AUTHORIZATION:

I authorize Staffing Solutions @ Mothers' Aides, Inc. (SS@MA) to act as a referral agency when I request services. I understand that the Service Providers referred by SS@MA on temporary assignments are my employees and that SS@MA is not their employer. If I employ a Service Provider on a referral from SS@MA, in consideration of the referral, screening and support services provided by SS@MA, I authorize SS@MA to charge my credit card for the Referral Fees, as stated above. Fees are subject to change. I will employ the Service Providers referred by SS@MA only when contracting through SS@MA. I hereby agree to indemnify and hold SS@MA harmless from and against any and all loss, damage, or accident claims which may arise out of or in connection with the rendering of any services by any Service Provider referred by SS@MA. When an order is placed by the client and a referral is made by SS@MA, the client is responsible for the Referral Fees, even if that order is later cancelled. The authorization will be used to assess subsequent fees.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE AUTHORIZATION AND TO ALL REFERRAL FEES, GUIDELINES, TERMS AND CONDITIONS.

Executed This ____ Day of _____, _____

STAFFING SOLUTIONS @ MOTHERS' AIDES, INC.

CLIENT

By: Anne Guerin
Anne Guerin,
President

Client Signature

Please Circle Card: American Express Discover Mastercard Visa

Card Number: _____ Exp. Date: ____/____/____ CVW Code (3 digit code): _____

Name on Card: _____ Billing Address: _____

**PLEASE RETURN THIS AUTHORIZATION TO STAFFING SOLUTIONS @ MOTHERS' AIDES
BY MAIL: 5618 OX ROAD, SUITE B, FAIRFAX STATION, VA 22039 OR BY FAX 703-940-8882**