

**COMPANY REGISTRATION and
SERVICE CONTRACT**

CHILDCARE SOLUTIONS

2101 Richmond Rd
Beachwood, OH 44122
216-831-7333 Fax: 216-274-6177



Please type or print clearly

Company Name: _____

Authorized Contact

Name: _____

Phone: _____

Address: _____

Fax: _____

City/State/Zip: _____ , _____ _____

Email: _____

As the authorized agent of the above named organization, I, _____, do hereby engage the services of Childcare Solutions, Beachwood, OH, for the purpose of scheduling registered care providers to work on the days & hours as specified below.

All care providers referred by Childcare Solutions shall be at least eighteen (18) years of age with a minimum of two (2) years prior child care experience and have completed a background investigation which shall include a criminal records search, driving records search, verification of Social Security number and detailed check of past address history dating back a minimum of seven years.

Care Providers shall in no event be an employee of Childcare Solutions but rather our employee or an independent contractor hired by our organization. As such, I understand and agree that our organization shall be responsible for compensating each care provider directly.

As the authorized agent for the organization specified above, I understand that Childcare Solutions, in consideration of service fees paid, shall schedule registered care providers to work for our organization during the dates and times specified below.

As the authorized agent for the organization specified above, we understand, accept and agree, upon acceptance of placements made by Childcare Solutions to pay to Childcare Solutions service fees as detailed in the fee schedule detailed herein:

FEE SCHEDULE:

ADMINISTRATIVE FEE: \$50 PER EVENT
SCHEDULING FEE: \$16 PER DAY, PER CARE PROVIDER

As the authorized agent for the organization specified above, we understand, accept and agree, that all fees are due upon the acceptance of the referrals and scheduling performed by Childcare Solutions on our behalf, and further understand that fees are non-refundable.

Authorized Agent Signature Date

Childcare Solutions Signature Date

EVENT SCHEDULE

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Event Coordinator: _____

Event Coordinator Phone: _____

Event Name/Description: _____

Event Location: _____ On-Site Contact Name: _____

Event Address: _____ On-Site Contact Phone: _____

Event City: _____ Event State: _____

Special Needs/Instructions: _____

EVENT SCHEDULE

DATE	DAY	START TIME	END TIME	# of Care Providers
____-____-____	_____	_____ am/pm	_____ am/pm	_____
____-____-____	_____	_____ am/pm	_____ am/pm	_____
____-____-____	_____	_____ am/pm	_____ am/pm	_____
____-____-____	_____	_____ am/pm	_____ am/pm	_____
____-____-____	_____	_____ am/pm	_____ am/pm	_____
____-____-____	_____	_____ am/pm	_____ am/pm	_____

Special Needs/Instructions:

CHILDCARE SOLUTIONS®
CLIENT ACKNOWLEDGEMENT AND RELEASE

The undersigned (hereinafter "Client"), hereby acknowledge that Client has engaged the services of **Childcare Solutions** (the "Company"). Client further understands that Childcare Solutions perform referrals of care provider candidates (the "Candidate(s)") for occasional, non-permanent and on-going in-home care.

Client understands that upon hiring a Company referred Candidate for on-going, occasional or non-permanent care, Client shall be required to pay the applicable referral fee (the "Fee") due the Company. **If, however, Client subsequently changes the employment relationship with Candidate to include additional work hours, there shall be an additional fee due the Company.**

Client further acknowledges that the **Company does NOT maintain an employer/employee relationship with any of the candidates.** Accordingly, Client accepts that it is Client's responsibility to interview any Candidates selected for referral by the Company, to contact references or prior employers and to thoroughly review all of the information made available by the Company concerning the Candidate. Client understands that it is Client's responsibility to make diligent inquiry into the Candidate's background based on this information before Client makes a decision to hire a Candidate. Client agrees that it is Client's sole responsibility to obtain from the Company all back-up documentation and paperwork on the Candidate.

Client further acknowledges and agrees that any and all information, including, but not limited to, the Candidate's file, is confidential and the property of the Company. Client agrees not to disclose to any person or entity any information, in any form, contained within the Candidate's confidential file, including, but not limited to, the name and address of the Candidate. **Under no circumstances shall Client be entitled to refer any Candidate to any person or entity for the purpose of employment as an in-home care provider.**

Client understands that the Company does not have any control over the services provided by the Candidate to the child or the elderly adult. The Company is a referral service and does not act as the Candidate's supervisor or employer. **Client understands that it is Client's responsibility to supervise the activities of the Candidate while employed by the Client.**

Client agrees to release the Company, its respective directors, officers, shareholders, agents and employees from all actions, causes of action, claims and demands for injuries, accidents, sickness and damages of whatsoever nature, whether known or unknown, which may be sustained by Client or Client's dependent arising out of the performance or nonperformance of the Candidate's job duties/responsibilities. Client, individually and as parents(s), natural guardian(s) and/or children of senior adults, hereby agrees to indemnify and save harmless the Company from all injuries, losses, damages and expenses, should any claim, demand or suit be made by or on behalf of Client's child(ren) or senior adult parent(s).

Any controversy or claim arising out of or relating to this Acknowledgment and Release shall be settled first through mediation and, if unsuccessful, then through arbitration. Such arbitration shall be binding and conducted in accordance with the rules of the American Arbitration Association and the judgment upon the award rendered by the Arbitrator(s) may be enforced in any court of competent jurisdiction.

THIS IS A LEGALLY BINDING AGREEMENT AND YOU SHOULD CONSULT AN ATTORNEY IF YOU NEED LEGAL ADVICE.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS ITS MEANING, DEFINITIONS AND IMPLICATIONS. IN WITNESS THEREOF, Client has hereunto set his/her hand(s)

this _____ day of _____, 20_____.

(Signature)

(Signature)

(Printed Name)

(Printed Name)





Client Information Update

Contact Information

First & Last Name

Home Phone

Mobile Phone

Address

Email Address

City

State

Zip Code

Acceptance of a referral by Client constitutes authorization for Service to charge fees due to Client's credit card on file with Service without further authorization.

Initials

Date

No Search/Job Order Will Be Completed Without the Following Information

Credit Card Authorization

I, the undersigned, do hereby authorize Service to charge to my credit card any fees due Service that have remained unpaid for more than thirty days from the date of the original invoice from Service. I further authorize Service to bill to my credit card any fees due Service and/or any care-provider, as may be incurred from time to time and as ordered and approved by Client. I understand that once I have accepted a requested a service and accepted a referral, placement fees are non-refundable.

Signature of Cardholder

Date

Printed name (as it appears on credit card)

Credit Card Type
(Mastercard/Visa)

Credit Card Number

Expiration Date

Billing Address for credit card (if different than home address)

Address

City

State

Zip Code