Little Blossoms Babysitting

Full-Day Weekly Care Agreement — Client: Caroline Guilbaud

This Agreement is entered into between Little Blossoms Babysitting ("Provider") and the parent or legal guardian identified below ("Client"). By signing, Client agrees to the terms governing care, billing, and cancellation set out in this document.

1. Parent / Guardian Information

Full legal name
Caroline Guilbaud

Relationship to child

Email

Mobile phone

Home address

Employer / daytime contact

Daytime phone

Second parent / guardian (optional)

Full name

Relationship

Email

Mobile phone

2. Child Information

Child One

Full name

Date of birth

Nickname / preferred name

Pediatrician & phone

Allergies (food, medication, environmental)

Medical conditions, medications, special instructions

Routines, comforts, dislikes, favorite activities

Child Two (if applicable)

Full name

Date of birth

Nickname / preferred name

Pediatrician & phone

Allergies

Medical conditions, medications, special instructions

Routines, comforts, dislikes, favorite activities

3. Schedule, Pickup & Drop-Off

Schedule confirmed below. Any change in recurring schedule must be agreed in writing at least seven (7) days in advance.

Care start date

Weekly hours summary

Mon-Fri 7:30 AM-6:00 PM; Tue 11:00 PM - Wed 7:45

Drop-off time(s)

Mon-Fri 7:30 AM · Tue 11:00 PM

Pickup time(s)

Mon-Fri 6:00 PM · Wed 7:45 AM

Drop-off location

Pickup location

Days of the week

Mon-Fri (daytime) + Tue overnight + Thu-Sun

Transportation notes (car seat, school run, activities)

3a. Term, Renewal & Cancellation

Agreement start date

Agreement end date

Initial term length

Renewal type

Notes on renewal / non-renewal

3a.1 Term. This Agreement begins on the start date above and runs through the end date above. If no end date is set, the Agreement continues week-to-week until cancelled.
3a.2 Auto-renewal. Unless otherwise noted, the Agreement automatically renews each week at the rate in Section 6.1, billed via the payment method on file.
3a.3 Non-renewal. Either party may opt out of renewal by giving written notice at least seven (7) days before the next billing date. Care and billing continue through the end of the current paid week.
3a.4 Early cancellation by Client. Client may cancel at any time mid-term. Care and access continue through the end of the already-paid week; no further charges are made.
3a.5 Early cancellation by Provider. Provider may end the Agreement with seven (7) days written notice. Any unused portion of the current paid week is refunded pro rata.

4. Authorized Pickup List

Only the individuals listed below are authorized to pick the child(ren) up. Provider will request photo ID for anyone not personally known. Client must notify Provider in writing of any changes.

Authorized adult #1

Full name

Relationship

Phone

Photo ID type & number (optional)

Authorized adult #2

Full name

Relationship

Phone

Photo ID type & number (optional)

Authorized adult #3

Full name

Relationship

Phone

Photo ID type & number (optional)

Authorized adult #4

Full name

Relationship

Phone

Photo ID type & number (optional)

5. Emergency Contacts

Emergency contact #1

Full name

Relationship

Primary phone

Alternate phone

Emergency contact #2

Full name

Relationship

Primary phone

Alternate phone

Preferred hospital / urgent care

Insurance carrier & policy number

6. Billing & Payment Terms

6.1 Weekly rate. Care is billed at a flat rate of $500.00 USD per week (agreed rate for this Client) for the schedule specified in Section 3.

6.1a Payment methods. Client may pay by (a) credit or debit card via the secure checkout link emailed by Provider, or (b) Cash App to $MarieRachelleGere. Card payments are auto-charged weekly; Cash App payments are due each Monday by 9:00 AM for the week ahead.

Preferred payment method

Cash App

Cash App handle / card last 4

$MarieRachelleGere

6.2 Billing cycle. Charges run weekly, beginning on the care start date and recurring every seven (7) days

thereafter.
6.3 Receipts. An email confirmation and itemized receipt are sent automatically for every successful charge.
6.4 Failed payment. Provider will retry within 72 hours. Care may be paused if payment is not received within five (5) business days.
6.5 Late pickup. Pickups more than fifteen (15) minutes after the scheduled time are billed at $25 per additional 15-minute increment.
6.6 Holidays & sick days. Weekly rate applies for the full week regardless of holidays, illness, or family travel.

7. Plan Changes & Cancellation

7.1 Upgrades take effect immediately, prorated for the remainder of the current week.
7.2 Downgrades take effect at the start of the next billing cycle.
7.3 Cancellation by Client. Care continues through the end of the already-paid billing period. No further charges after cancellation.
7.4 Cancellation by Provider requires seven (7) days written notice; unused paid time is refunded pro rata.
7.5 Immediate termination is allowed for safety concerns, abusive conduct, undisclosed medical conditions, or material misrepresentation.

8. Care, Safety & Responsibilities

8.1 Provider delivers attentive, age-appropriate care including meal supervision, nap supervision, activities, and daily reports.
8.2 Provider holds current CPR and Pediatric First Aid certification.
8.3 Medications administered only with written authorization and original labeled containers.
8.4 No vehicle transport without written authorization and Client-provided car seat.
8.5 Photographs shared privately with Client only; no public posting without separate written consent.

9. Liability & Indemnification

Client acknowledges Provider will exercise reasonable care. Except for gross negligence or willful misconduct, Provider's total liability is limited to fees paid in the thirty (30) days preceding any incident.

10. Consents

- [ ] I authorize Provider to seek emergency medical care for my child if I cannot be reached.
- [ ] I consent to receive private photo and activity updates about my child.
- [ ] I authorize Provider to transport my child when accompanied by an appropriate car seat (see §8.4).
- [ ] I have read, understood, and agree to all terms of this Agreement.

11. Signatures

By signing below, both parties confirm they have read, understood, and agreed to all terms of this Agreement, including the schedule (Section 3), term and renewal (Section 3a), and billing (Section 6).

Client (Parent / Guardian)

Printed name

Signature (type full name)
Caroline Guilbaud

Signed on (date)

Email on file

Second parent / guardian (optional)

Printed name

Signature (type full name)

Signed on (date)

Provider (Little Blossoms Babysitting)

Printed name

Little Blossoms Babysitting

Signature (type full name)

Signed on (date)

Title

Owner / Care Provider

Agreement effective date

Appendix A - Version History

Confirm which version of this agreement was signed by matching the timestamp on your signed copy.

Version	Generated (UTC)	Change summary
v1.0	2026-06-11 17:21 UTC	Initial draft - $600/week template, basic fields.
v1.1	2026-06-11 17:55 UTC	Added 2nd child, pickup/drop-off, authorized pickup list, late fee.
v1.2	2026-06-11 18:10 UTC	Prefilled Client: Caroline Guilbaud. Schedule: Mon-Fri 7:30a-6p; Tue 11p - Wed 7:45a; Thu-Sun coverage.
v1.3	2026-06-11 18:18 UTC	Rate changed to $500/week (agreed rate).
v1.4	2026-06-11 18:25 UTC	Added Section 3a (term, start/end, renewal & cancellation) and payment methods.
v1.5	2026-06-11 18:30 UTC	Added Cash App handle $MarieRachelleGere.
v1.6	2026-06-11 18:36 UTC	Expanded signature blocks: printed name, signature, signing date for each party.
v1.7	2026-06-11 19:47 UTC	Added Appendix A: version history.

Active version: v1.7. The version and timestamp on the signed copy take precedence. To request a copy of any prior version, contact Provider.

Signed version confirmation

Signed version (e.g. v1.7)

Signed version timestamp