REQUEST for BABYSITTING SERVICES

Institute of <u>C</u>ommunity <u>S</u>ervices, Inc. P.O. Box 160 Holly Springs, MS 38635

<u>Institute of Community Services</u>, Inc. pays Policy Council or Board Members, and/or parents entitled to babysitting costs, only for business meeting or training session times. Babysitting will be calculated by ICS staff according to the chart on file, if services are approved. Parents, spouses or life partners are not entitled to receive babysitting fees.

Policy Council, Board Member or Parent Information

Policy Council, Board Member	or Parent			
Printed Name: First		Las	t	
olicy Council, Board Member	or Parent		•	
Signature:				
	nere You Live: Bent	ton, Clay, Desoto, Grenada, I	Lafayette, Lowndes, Marsh	all, Noxubee,
Oktibbeha, Panola, Qui	itman, Tallahatchie,	Γate, or Tunica		
Other:				
Date:				
		Babysitter Information	on	
Name of Babysitter				
Printed Name: First Last				
Mailing Address of Babysitter				
Address:				
City/State/Zip of Babysitter				
City		State	Zip	
			•	
Date(s) of Services Re	endered:			
	FO	OR AGENCY USE O	NLY	
V	endor Number	Number of Hours Allowed	Fee Allowed	
Parent Engagement Director – Approval			Date of Approval	
	11		11	Revised March 202