

ANDERSON HILLS, INC.-- DESIGNATED SITTER FORM

Name: _____

Email: _____

Address: _____ City/Zip _____

Phone#: _____

Mobile# (s) _____ **Allow Text Alerts YES or NO**

Family Members	Date of Birth
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DESIGNATED SITTER:

*The Designated Sitter must be a responsible person of a minimum of **15 years of age**. The Sitter will not have to pay a guest fee, but must sign in each visit, and the parent must not be using the facility at the same time. Families are limited to one Designated Sitter.*

Name: _____

Age: _____