

MOTHER HEN'S HELPERS, INC. · SUBSCRIPTION APPLICATION

Applicant's Name: _____
PLEASE PRINT FULL NAME

Today's Date: _____

Home Phone: (____) _____ - _____

Home Fax Number: (____) _____ - _____

Work Phone: (____) _____ - _____ Ext. _____

Work Fax Number: (____) _____ - _____

Cell Phone: (____) _____ - _____

Beeper Number: (____) _____ - _____

Home Address:

Billing Address (If different from home address):

STREET ADDRESS

STREET ADDRESS OR P.O. BOX #

Apt. #

Apt. #

TOWN

STATE

ZIP

TOWN

STATE

ZIP

I hereby authorize Mother Hen's Helpers, Inc. to pick up / drop off the following individuals upon request:

1. Name: _____ D.O.B. ____/____/____ Sex: M F
PLEASE PRINT FULL NAME MM DD YY

2. Name: _____ D.O.B. ____/____/____ Sex: M F
PLEASE PRINT FULL NAME MM DD YY

3. Name: _____ D.O.B. ____/____/____ Sex: M F
PLEASE PRINT FULL NAME MM DD YY

4. Name: _____ D.O.B. ____/____/____ Sex: M F
PLEASE PRINT FULL NAME MM DD YY

5. Name: _____ D.O.B. ____/____/____ Sex: M F
PLEASE PRINT FULL NAME MM DD YY

Please check all boxes that apply to listed individuals:

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Individual will travel alone (IE: Not accompanied in vehicle by adult caregiver) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Individual can be left alone (IE: No adult supervision required) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Individual requires a car seat (Note: Mandatory under the age of 4 years by N.Y. State Law)
* Our service will provide a forward facing car seat for children over 1 year of age – any child under the age of 1 year must have a rear facing infant seat provided by the parents. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Individual has physical problems (If applicable, please attach a separate letter to application stating specific details of physical impairments) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Individual has medical problems (If applicable, please attach a separate letter to application stating specific details of medical ailments) |

Method of payment: Check AMEX Discover Mastercard Visa

Credit Card Number: _____ Expiration Date: ____/____
MM YY

Cardholder's Signature: _____

Please submit completed application with \$50.00 non-refundable processing fee to:

MOTHER HEN'S HELPERS, INC.
140 HUNTS LANE
CHAPPAQUA, NY 10514
(914) 238-1515 • (914) 238-1335 Fax