



**Parents in a Pinch, Inc.
Emergency/Back-Up Child/Elder Care
JHHSC/JHH
Registration Form**

Name: _____ Date of Application: _____

Social Security Number: _____ Department: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Work E-mail: _____

Eligibility:

- This program is available to Non-Represented and Represented JHHSC/JHH employees who regularly work 20 hours or more per week.
- You must pay the childcare worker provided by Parents in a Pinch, Inc. a daily amount equal to \$14 per hour for the total number of hours services are provided, plus transportation expenses (private automobile expenses are reimbursed at \$0.30 per mile).
- You may be eligible for partial reimbursement of fees you pay to Parents in a Pinch Inc., depending on your base annual salary and JHHSC/JHH's availability of funds.

Release:

I release JHHSC/JHH, its officers, directors, agents, staff and employees and any of its affiliates, of any liability from any claims or damages which I may have against Parents in a Pinch, Inc., or any individual or entity obtained by Parents in a Pinch, Inc., to provide child care services to me.

I understand that JHHSC/JHH has no obligation or responsibility whatsoever in connection with the selection, approval, training, supervision, or other oversight of any individual or entity providing services in connection with this Program.

Sign Name: _____

Print Name: _____ Date: _____

Please return this form to: JHHSC/JHH HR Service Center/Benefits, Phipps 455, or fax to: 410-614-3727.

For JHHSC/JHH HR Use Only:

Salary Level

_____ <\$40,000

_____ \$40,000 to \$75,000

_____ >\$75,000