



FAMILY PROFILE

Date Nanny Needed: _____

Contact Information

Mother's Name _____ **Occupation** _____

Work Phone (____) ____ - _____ Email address _____

Cell Phone (____) ____ - _____ Fax (____) ____ - _____ Age _____

Work Schedule _____

Do you have Overnight Work Travel? YES NO Do you have On Call Work Situation? YES NO

Do you work from a home office? YES NO

If yes, please list days and hours: _____

Father's Name _____ **Occupation** _____

Work Phone (____) ____ - _____ Email address _____

Cell Phone (____) ____ - _____ Fax (____) ____ - _____ Age _____

Work Schedule _____

Do you have Overnight Work Travel? YES NO Do you have On Call Work Situation? YES NO

Do you work from a home office? YES NO

If yes, please list days and hours: _____

Home Address _____ **City** _____

Home Phone (____) ____ - _____ **State** _____ **Zip** _____

Is your home accessible to public transportation? YES NO Which train or bus line? _____

Main Cross Street _____

Marital Status _____ If divorced or separated, please describe situation _____

Name of parent not living with child _____

Please note any "special need requirements," such as week-end work or rotating schedules: _____

CHILDREN

First Child's Name: _____ Gender M F Date of Birth ____ / ____ / ____

Grade in School _____ Special Needs, Gifts, or Interests: _____

Any medical or health problems? _____ If yes, please explain: _____

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Second Child's Name: _____ Gender M F Date of Birth ___ / ___ / ___
Grade in School _____ Special Needs, Gifts, or Interests: _____

Any medical or health problems? _____ If yes, please explain: _____

Third Child's Name: _____ Gender M F Date of Birth ___ / ___ / ___
Grade in School _____ Special Needs, Gifts, or Interests: _____

Any medical or health problems? _____ If yes, please explain: _____

Fourth Child's Name: _____ Gender M F Date of Birth ___ / ___ / ___
Grade in School _____ Special Needs, Gifts, or Interests: _____

Any medical or health problems? _____ If yes, please explain: _____

If you have more than three children, please enter the additional information here: _____

PETS

What Kind? _____ If dogs, what breed _____

How Many? _____

FAMILY INFORMATION

Briefly describe the goals/values you instill in your child(ren) and value in your nanny: _____

Briefly describe your family lifestyle: _____

Family hobbies, interests, etc.: _____

Briefly describe your discipline philosophy: _____

Do you have a cleaning service? YES NO Do you employ any other household staff? YES NO

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CURRENT CHILDCARE

What is your current form of childcare? _____

How long have you had this arrangement? _____

If you have a nanny, why is she leaving? _____

May we contact her: YES NO

Current Nanny's name: _____ Current Nanny's phone: (____) ____ - _____

NANNY/HOUSEHOLD INFORMATION

Nanny Position needed, please check all that apply:

Live-In

Full Time

Live-Out

Part Time

Nanny's work schedule (please indicate days and hours:

Monday _____

Friday _____

Tuesday _____

Saturday _____

Wednesday _____

Sunday _____

Thursday _____

If flexible, please explain: _____

What is the salary range you expect to pay? _____

Is this Gross or Net of taxes? _____ Will you withhold taxes? _____

Will you provide any Special benefits (i.e. Vacation, Health Insurance, Car, Holidays, Overtime)? _____

Does Nanny need her own car? YES NO

How much transportation is required? _____

Live-In Information

Will Nanny have her own bedroom? YES NO

Will Nanny have her own bath? YES NO

Will Nanny have her own TV? YES NO

Will Nanny have her own Phone Line? YES NO

Other Nanny/Household Information:

Any special skills required? _____

Is there a swimming pool or waterway on the property? _____ If yes, where is it located? _____

What qualities are most important to you in selecting your nanny? _____

Please list any physical traits and/or other characteristics you are looking for: _____

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JOB RESPONSIBILITIES

What household responsibilities are required of the nanny? (Please check all that apply):

- Make Child(ren)'s bed
- Light Housekeeping
- Child(ren)'s laundry
- Car pool
- Child(ren)'s meals
- Transport child(ren)
- Clean child(ren)'s toys
- Shopping for child(ren)

This list is not part of a nanny's regular duties and should be negotiated between the family and the nanny. (Please check all that apply):

- Travel with family
- Family meal preparation
- Pet care
- Make family's beds
- Run errands
- Family Laundry
- Grocery Shop
- Plant care
- Vacuuming and dusting
- Other (specify) _____

ADDITIONAL INFORMATION

Please list names and phone numbers of two personal references who have known you for two years or more:

Name _____ **Phone** (____) ____ - _____

Name _____ **Phone** (____) ____ - _____

When and where can you best be reached? _____

Do we have your permission to give your phone number to a possible nanny candidate if we need to quicken the search process? YES NO Which phone number: (____) ____ - _____

Are you registered with any other agency? YES NO

If yes, which agency or agencies? _____

Referred by: _____

"I certify that the facts contained in this Family Application are true and complete to the best of my knowledge and understand that falsification of this Application in any detail is grounds for disqualification from further consideration for placement of a nanny. I further agree that any false or misrepresentation made on this Application will invalidate any right to a refund and/or replacement under the Nannies of Children's Learning Place Referral Agreement.

I authorize investigation of all statements contained herein and authorize you to contact all the references listed above, and others, to give you any and all information concerning employment and any pertinent information they may have; and release all parties from all liability for any damage that may result from furnishing same to you.

I agree to inform _____ of any changes to the above information that may affect the nanny's employment in my home. I have read the referral agreement with _____ and understand its terms and conditions."

CLIENT SIGNATURE

CLIENT SIGNATURE

DATE

DATE