

Client Last Name: _____

CLIENT APPLICATION

Date: _____

First Name: _____ Last Name: _____

Child relationship to child: _____ How did you hear about us? _____

Address Street 1: _____

City: _____ Zip Code: _____ State: _____

Daytime Phone: _____ Cell Phone: _____ Email: _____

Mom's Occupation & Employer: _____

Dad's Occupation & Employer: _____

Nanny Start Date: _____ Full Time Y N Part-Time Y N Live In Y N Live Out Y N

What days and hours is the Nanny needed?

M T W TH F Sa Su

Only weekend's

Hours:

What County?

Anne Arundel County Howard County Baltimore County Baltimore City

PG County Montgomery County Other: _____

Is anyone else living in your home? If yes, explain: _____

Will anyone be present with your nanny? If yes, explain: _____

Is meal prep required? If yes, how often: _____

Do you have pets? _____

What type(s)? _____

Most important qualifications of the ideal nanny:

How many children will need childcare? _____

Name of staff member completing this form: _____

Client Last Name: _____

CHILDREN:

1. Name: _____

Birth Date: _____

Age: _____

School: _____

Days/Hours Attend: _____

Special duties:

2. Name: _____

Birth Date: _____

Age: _____

School: _____

Days/Hours Attend: _____

Special duties:

3. Name: _____

Birth Date: _____

Age: _____

School: _____

Days/Hours Attend: _____

Special duties:

4. Name: _____

Birth Date: _____

Age: _____

School: _____

Name of staff member completing this form: _____

Client Last Name: _____

Days/Hours Attend: _____

Special duties:

5. Name: _____

Birth Date: _____

Age: _____

School: _____

Days/Hours Attend: _____

Special duties:

6. Name: _____

Birth Date: _____

Age: _____

School: _____

Days/Hours Attend: _____

Special duties:

Children's Interests:

Health Problems, if any:

Describe children's typical day:

DUTIES AND RESPONSIBILITIES:

Driving Cooking Children's Laundry Light Housekeeping Pet Care Grocery Shopping

Errands Travel with Family

Name of staff member completing this form: _____

Client Last Name: _____

Other:

Preferred age range of nanny: _____

ONLY FOR LIVE-IN NANNIES:

DESCRIPTION OF HOME & NEIGHBORHOOD

of Rooms: _____

of Bathrooms: _____

Swimming Pool? _____

Tennis Court? _____

Close to Parks? _____

Private Bedroom for Live-In Nanny?

Private Bath for Live-In Nanny? Y N Carriage House or Separate Apt for Live-In Nanny? Y N

COMPENSATION & BENEFITS:

Salary: _____

Overtime pay: _____

Paid vacation days?

Paid holidays?

Sick days? _____

Health benefits? _____

Use of car for personal use? _____

Gas allowance? _____

Other: _____

Emergency Contact (Name & Phone): _____

Name of staff member completing this form: _____