

**nanny
in the
city**

parent application

Address:

Nanny In The City
P.O. Box #58233
Nashville, TN, 37205

Contact:

phone - 615-436-0817
web - <https://nannyinthecity.com>



DATE: ____/____/____

APPLICATION FEE: \$_____

MOTHER'S NAME: _____ FATHER'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

GENERAL LOCATION: _____

HOME PHONE: (____) _____ HOME FAX: (____) _____

MOTHER OCCUPATION & PLACE OF EMPLOYMENT:

WORK PHONE: (____) _____ OFFICE FAX: (____) _____

CELL PHONE: (____) _____ E-MAIL: _____

FATHER OCCUPATION & PLACE OF EMPLOYMENT:

WORK PHONE: (____) _____ OFFICE FAX: (____) _____

CELL PHONE: (____) _____ E-MAIL: _____

TELL US ABOUT YOUR CHILDREN (Please answer all applicable questions)

CHILDREN	DATE OF BIRTH	AGE	GENDER	SCHOOL & HRS ATTENDS
1.				
2.				
3.				
4.				
5.				
6.				

DATE NANNY/COMPANION NEEDED: ____ / ____ / ____ THROUGH ____ / ____ / ____

TYPE OF CARE NEEDED

- LIVE IN
- FULL TIME
- PART TIME
- AFTER SCHOOL (one school year only)
- SUMMER(one school summer vacation only)
- TEMPORARY OR TRAVEL
- EVENING/WEEKEND (occasional)

IDEAL SCHEDULE

- MONDAY _____ - _____
- TUESDAY _____ - _____
- WEDNESDAY _____ - _____
- THURSDAY _____ - _____
- FRIDAY _____ - _____
- SATURDAY _____ - _____
- SUNDAY _____ - _____

ANTICIPATED SALARY RANGE? (pre-tax) HOURLY? \$_____ WEEKLY? \$_____



PAID VACATION: YES NO YEAR END BONUS: YES NO

MEDICAL INSURANCE: YES NO

ARE YOU ABLE TO PROVIDE NANNY WITH THE USE OF A CAR? YES NO

AUTOMOBILE INSURANCE: YES NO

MILEAGE REIMBURSEMENT: YES NO IF YES, RATE: _____

DO YOU ANTICIPATE ANY CHANGES IN YOUR FAMILY STATUS THAT WE SHOULD TELL PROSPECTIVE CANDIDATES? IF YES, DESCRIBE:

DO YOUR CHILDREN NEED TO BE TRANSPORTED TO AND FROM SCHOOL? IF YES, DESCRIBE:

DO YOUR CHILDREN NEED TO BE TRANSPORTED TO AND FROM ACTIVITIES? IF YES, DESCRIBE:

DO YOUR CHILDREN ATTEND CAMP OR SPECIAL SUMMER ACTIVITIES? IF YES, DESCRIBE:

DESCRIBE ANY SPECIAL ACADEMIC, BEHAVIOR, OR HEALTH CONCERNS:

ARE YOUR CHILDREN POTTY TRAINED? YES IN TRAINING NO

ARE YOUR CHILDREN ON A NAP SCHEDULE? YES NO

ARE YOU BREAST FEEDING? YES NO

DO YOU HAVE PETS? YES NO DESCRIBE: _____

WHAT ACCOMODATIONS ARE AVAILABLE FOR A LIVE-IN?

PHONE TV DVD COMPUTER VCR CAR

DESCRIBE LIVING QUARTERS:

ARE THERE SMOKERS IN YOUR HOUSEHOLD? YES NO

CAN THE NANNY/CAREGIVER SMOKE? YES NO NOT IN HOUSE/AROUND CHILDREN

DO YOU HAVE A SWIMMING POOL? YES NO

DO YOU PREFER A NANNY WHO SWIMS? YES NO



IDENTIFY ANY ADDITIONAL DUTIES THE NANNY/CAREGIVER WOULD BE ASKED TO PERFORM:
(please check the appropriate items)

- | | | |
|---|---|---|
| <input type="checkbox"/> PREPARE MEALS – FAMILY | <input type="checkbox"/> GROCERY SHOPPING | <input type="checkbox"/> LIGHT VACUUM & DUSTING |
| <input type="checkbox"/> PREPARE MEALS – CHILD | <input type="checkbox"/> CARE FOR ELDERLY | <input type="checkbox"/> KEEP KITCHEN STRAIGHTENED |
| <input type="checkbox"/> LAUNDRY – FAMILY | <input type="checkbox"/> CARE FOR PETS | <input type="checkbox"/> HELP WITH HOMEWORK |
| <input type="checkbox"/> LAUNDRY – CHILD | <input type="checkbox"/> ERRANDS | <input type="checkbox"/> DRIVE CHILDREN TO ACTIVITIES |
| <input type="checkbox"/> IRONING | <input type="checkbox"/> HOUSE SIT | <input type="checkbox"/> CARPOOLS |
| <input type="checkbox"/> CLEAN BATHROOM | | |
| | <input type="checkbox"/> OTHER _____ | |

HAVE YOU OR ANY MEMBER OF YOUR FAMILY BEEN CONVICTED OF ANY CRIMES? YES NO
IF YES, EXPLAIN:

ARE THERE FIREARMS IN THE HOME? YES NO IF YES, ARE THEY LOCKED UP? YES NO

TELL US ABOUT YOUR PAST CHILD/COMPANION CARE ARRANGEMENTS:

HOW DID YOU FIND YOUR CURRENT/LAST NANNY?

WHY ARE YOU DECIDING TO CHANGE YOUR CURRENT CHILD CARE?

DESCRIBE YOUR IDEAL NANNY/CAREGIVER:

WOULD YOU CONSIDER HIRING A NANNY/CAREGIVER WHO BRINGS A CHILD TO WORK? YES
 NO

WHAT IS THE BEST TIME OF DAY FOR CANDIDATES TO CALL YOU?

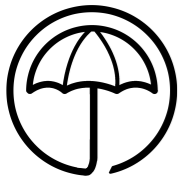
PLEASE PROVIDE A PREVIOUS CHILDCARE/COMPANION REFERENCE (NON-RELATIVE ONLY)

NAME: _____ PHONE: (____) _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP: _____



HOW DID YOU HEAR ABOUT OUR BUSINESS?

WHAT MADE YOU DECIDE TO ENGAGE OUR SERVICES?

ARE YOU WORKING WITH ANY OTHER AGENCIES?

 YES NO

IF YES, WHICH AGENCY?

WOULD YOU LIKE US TO HAVE INFORMATION FROM A
PAYROLL SERVICE SENT TO YOU?

 YES NO

ADDITIONAL COMMENTS:
