

-PARENT REGISTRATION FORM –

Client full name:

Address:

Home number:

Work number:

Mobile number:

How did you hear about us?

Email:

Childs/children’s names and ages:

Special requirements: (Any dietaries, allergies, health needs etc)

Permanent/temporary:

Hours of work

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Before  School |  |  |  |  |  |  |  |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| After school |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
| Overnight |  |  |  |  |  |  |  |

Nannies responsibilities: please tick

Full time nanny Part time nanny Maternity help

Live in nanny In home care Babysitter

Before/after school Evening/weekend babysitter

Household chores Petcare Other

Household chores needed: If Applicable

Qualifications preferred:

Non-smoker preferred:

Additional languages preferred:

Driver required:

Do you have pets:

Date childcare is required from:

