



NECESSARY NANNIES

P.O. Box 444, Meridian, ID 83642 Phone: 208-846-8411 Fax: 887-1194

FAMILY APPLICATION

Please Note: We would be happy to assist you with filling out this application in person, if you prefer. Please call to set an appointment. All information is kept **confidential** and used only for the purpose of nanny placement. You may print out this form, fill it out and return it to us by fax or mail.

FAMILY information:

Name: _____ Home Phone: _____
 Street: _____ City: _____ State: _____ Zip: _____
 Mother's Name: _____ Father's Name: _____
 Both live at this Address? _____
 Mother's Occupation: _____ Work/Cell Phone: _____
 Email Address: _____ Fax: _____
 Father's Occupation: _____ Work/Cell Phone: _____
 Email Address: _____ Fax: _____

Children's Names	Gender	Date of Birth	Yr. in School

CHILDCARE REQUIREMENTS

Childcare is the nanny's primary responsibility. Please describe the duties that your nanny would be fulfilling:

How does your family enjoy spending your leisure time?

Please describe each child's interests, activities:

Please describe any household pets: _____

Do any family members smoke? _____

Are any family members heavy drinkers? _____

Accommodations:

Is this to be a live-in position? _____
If so, please describe in detail the accommodations that you plan to provide for your family's nanny. Please include information regarding bedroom size and location, private or shared bath, furnishings, TV, etc.

Your Nanny's Work Schedule:

Please complete the week schedule with a typical work-week schedule for your nanny:

Please Circle: **LIVE-IN** or **LIVE-OUT**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Start							
End							
Total Hrs							

Do you anticipate that occasional extra hours will be required?

Will you like your nanny to travel with your family on trips or vacations? _____

Possible Gross Salary Range: _____ If you are uncertain as to current nanny wage rates, we can assist you with suggestions based upon your nanny job and your nanny's background and experience.

Benefits you are willing to offer or consider (the actual salary and benefits package will be determined by the family and nanny):

Paid Vacation? _____ Paid Holidays? _____ Paid Sick Days? _____
Car Available? _____ Health or Country Club? _____
Medical Insurance Contribution? _____ Other? _____

When would you like your nanny to start? _____

Is this a short-term position (less than one year)? _____

If yes, how long? _____

Would you require your nanny to have her own car? _____

Would your nanny need to transport your children in her own car? _____

At Necessary Nannies, it is our desire to assist you in selecting the most compatible nanny for you and your family. Is there any additional information that will help us recommend the best candidate(s) for your consideration?

REFERENCES:

Please provide us with two references of people who know your family well. Please include at least one former childcare provider, if possible.

NAME:	ADDRESS:
PHONE:	RELATIONSHIP:
NAME:	ADDRESS:
PHONE:	RELATIONSHIP:

What are the best times and phone numbers to reach you?

How did you hear about Necessary Nannies? _____

Is all of the information on this form true, accurate, and complete to the best of your knowledge? _____

Signature: _____ Date: _____

Thank you for taking the time to fill out our family application!
You may return it to us by fax at 887-1194 or by mail to
P.O.Box 444, Meridian, ID 83642, or you may schedule an appointment if you
would like our staff to assist you with the application in person.

Bringing Families and Nannies Together
www.necessarynannies.com