

MIDWEST NANNIES, LTD.

Phone (630) 248-7777

Fax (815) 344-5868

**Job Order - Hotel - Weddings**

Date: \_\_\_\_\_

**\$30.00 Agency fee per day per nanny**

Client's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Client's Home Address: \_\_\_\_\_

Hotel: \_\_\_\_\_ Hotel Telephone: \_\_\_\_\_

Room Number: \_\_\_\_\_ Name Room Under: \_\_\_\_\_

Care is for: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Special Needs (i.e. physical disability, behavioral concerns, medication, allergies, etc.) \_\_\_\_\_

Special requests for nanny:(i.e. bring suit to swim with kids) \_\_\_\_\_

**Dates Care Needed**

**Specific Dates:**

\_\_\_\_\_ from: \_\_\_\_\_ AM/PM until \_\_\_\_\_ AM/PM

\_\_\_\_\_ from: \_\_\_\_\_ AM/PM until \_\_\_\_\_ AM/PM

\_\_\_\_\_ from: \_\_\_\_\_ AM/PM until \_\_\_\_\_ AM/PM

\_\_\_\_\_ from: \_\_\_\_\_ AM/PM until \_\_\_\_\_ AM/PM

**I hereby authorize charges to the following credit card as provided in the foregoing Placement Agreement.**

Type of Card: Master Card \_\_\_\_\_ Visa \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code on back of card (3 digit) \_\_\_\_\_

Name as It Appears on The Card (Print) \_\_\_\_\_

(For Office Use Only)-----

Name of Caregiver	Phone Number	Yes	No	Rate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____