

MIDWEST NANNIES FLORIDA
P.O. Box 2396 Fort Myers Beach, Florida 33932
(239) 463-4774
FAX (239) 463-0264
FAMILY APPLICATION

Date Nanny Needed _____

Mother's Name: _____
Father's Name: _____ Home Telephone: _____
Address: _____ Home Fax Number: _____
City: _____ State: _____ Zip Code: _____ E-Mail: _____
Marital Status: _____ If divorced or separated, describe situation: _____

Name, address and phone number of parent not living with children: _____

Major Cross Streets: _____

Employment Information:

<u>Father:</u>	<u>Mother:</u>
Employer: _____	Employer: _____
City/State: _____	City/State: _____
Position: _____	Position: _____
Phone: _____	Phone: _____
Fax Number: _____	Fax Number: _____
Work Hours: _____	Work Hours: _____
Overnight Travel: Yes _____ No _____	Overnight Travel: Yes _____ No _____
On Call Situation: Yes _____ No _____	On Call Situation: Yes _____ No _____

Does either parent work from a home office? Yes _____ No _____ Which parent? Mother _____ Father _____
If yes, please list the days and hours: _____

Please note any "special need requirements," such as week-end work or rotating schedules: _____

Children:

Name	Date of Birth	Age/Grade	M/F	Special Needs, Gifts or Interests
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does your child or any of your children have any medical or health problems?
If so, please explain: _____

Briefly describe the goals/values you instill in your child(ren) and value in your nanny: _____

Family Information:

Briefly describe your family life style: _____

Family hobbies, interests, etc.: _____

Briefly describe your approach to child rearing: _____

Briefly describe your discipline philosophy: _____

Do you have a cleaning service? _____ Do you employ any other household staff? _____

Do you have any pets? _____ How many? Dogs _____ Cats _____ Birds _____ Other _____

If you have dogs, what breed: _____

What is your current form of childcare? _____

How long have you had this arrangement? _____

If a nanny, why is she leaving? _____

May we contact her? _____ If so, what is her name and phone number? _____

Nanny/Household Information:

Nanny Position Needed (please check all that apply): Live-In _____ Live-Out _____ Full-Time _____ Part-Time _____

Nanny's work schedule (please indicate days and hours):

Monday from _____ to _____ Wednesday from _____ to _____ Friday from _____ to _____

Tuesday from _____ to _____ Thursday from _____ to _____ Saturday from _____ to _____

If flexible, please explain: _____

What is the salary range you expect to pay? _____ per _____ Will you withhold taxes? _____

Special benefits (ie. Vacation, Health Insurance, Car, Holidays, Overtime): _____

Does Nanny need own car? Yes _____ No _____

How much transportation is required? _____

Will nanny have own bedroom? _____ Bath _____ TV _____ Phone Line _____ (Live-In information only)

Other Live-in information: _____

Any special skills required? CPR _____ Infant CPR _____ 1st Aide _____ Will you pay for courses? _____

Is there a swimming pool or waterway on the property? _____ Where is it located? _____

Will you accept a nanny with a child to bring? _____

What household responsibilities are required of nanny? _____

What qualities are most important to you in selecting your nanny? _____

Please list any physical traits and/or other characteristics you are looking for: _____

