

MIDWEST NANNIES FLORIDA
Phone (239) 463-4774 Fax (239) 463-4774

Temporary Job Order - Hotel

Date: _____

\$30.00 Agency fee per day per nanny

Client Name: _____ Contact Number: _____

Spouse's Name: _____ Contact Number: _____

Home address: _____ City, State, Zip: _____

Hotel: _____ City: _____

Room Number: _____ Hotel Telephone: _____

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:(i.e. bring suit to swim with child/ren): _____

Dates Care Needed

_____ 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; permission given by above referenced Client.

Type of Card: Mastercard _____ Visa _____

Card No. _____ **Exp. Date:** _____

Name as It Appears on the Card: _____

Zipcode and 3 digit Security Code # on back of Card: _____

(For Office Use Only)-----

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