



NECESSARY NANNIES

P.O. Box 444, Meridian, ID 83680 Phone: 208-846-8411 or 631-2544

FAMILY APPLICATION

Please Note: All information is kept **confidential** and used only for the purpose of nanny placement.

FAMILY information:

Mother's Name and Address: _____

Phone numbers (hm, wk, cell): _____

Email: _____ Employment: _____

Father's Name and Address (if different): _____

Phone numbers: (hm, wk, cell): _____

Email: _____ Employment: _____

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

Please describe your childcare needs and priorities / Describe how you envision the nanny's and children's routine on a typical day:

Please describe any requirements and preferences you have regarding the person that you have in mind to be your children's nanny. Include preferences such as personality, experience, education, skills, etc.

Household duties or other duties (cooking, errands, etc.) that would be part of your nanny's job description. Please provide details of your expectations:

Please describe your parenting style regarding child discipline and what approach you would expect your nanny to take regarding the discipline of your child.

Does your child (or children) have any special needs, behavior issues, allergies, meds, etc? (Please describe)

Please describe each child's interests, activities:

Please describe any household pets: _____

Do any family members smoke? _____
(We only refer non-smoking candidates to our clients for safety reasons and because we feel nannies must model healthy living habits.)

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, wireless, etc. Also, please mention if a vehicle / auto fuel or auto insurance is provided (or any other similar benefits):

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							

Please describe any extra hours that may be required/schedule variations.

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

Possible Gross Pay 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 offering:

Paid Vacation? _____ (highly recommended)

Paid Holidays? _____ (highly recommended)

Paid Sick Days? _____

Medical Insurance Contribution? _____ (this benefit is non-taxable by law)

Other? _____

Ideally, when would you like your nanny to start?

Is this a short or long-term position? _____

Would your nanny transport your children in her own car or your car? _____

Please describe the extent of your nanny's driving responsibilities including distance and frequency:

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:
PHONE:
NAME:
PHONE:

How did you hear about Necessary Nannies? _____

All of the information on this form is true, accurate, and complete to the best of my knowledge.

Signature: _____ **Date:** _____

Thank you for taking the time to fill out our family application!
You may return it to us or by email to karla@necessarynannies.com or mail to
Necessary Nannies, P.O.Box 444, Meridian, ID 83680. Attention: Karla Brower.

Bringing Families and Nannies Together

www.necessarynannies.com