

# Pat's Nannies

## Sitters Agency L.L.C.

455 St. Andrews Rd. Bld D-4b Columbia SC 29210 803-7981229 [mmspat@aol.com](mailto:mmspat@aol.com)

### Client Application

Marital Status – S – Sep- M – D – W

Father lives in the home \_\_\_\_\_ Mother Lives in home \_\_\_\_\_

Father Name \_\_\_\_\_ Mother Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Contact person: \_\_\_\_\_

Employment: \_\_\_\_\_

Work phone \_\_\_\_\_ home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E mail \_\_\_\_\_

Nanny provide care for \_\_\_\_\_ ages \_\_\_\_\_ F-M  
(Children Names) \_\_\_\_\_ ages \_\_\_\_\_ F-M  
\_\_\_\_\_ ages \_\_\_\_\_ F-M  
\_\_\_\_\_ ages \_\_\_\_\_ F-M

Nanny hours full time: am \_\_\_\_\_ pm \_\_\_\_\_

Part time days \_\_\_\_\_  
How many days \_\_\_\_\_ what days \_\_\_\_\_ am Hours pm \_\_\_\_\_

Flexible hours: between am \_\_\_\_\_ pm \_\_\_\_\_ : \_days \_\_\_\_\_

1. Physical Health \_\_\_\_\_
2. Have your children been hospitalize recently \_\_\_\_\_
3. Are the children on medication \_\_\_\_\_
4. Do your child have any allergy or current health problems \_\_\_\_\_
5. Does your child(ran) have any physical disabilities \_\_\_\_\_
6. Are your children seeing a therapist \_\_\_\_\_
7. Have your children been suspended from Day Care \_\_\_\_\_ School \_\_\_\_\_
8. Have your children had a Babysitter or Nanny before \_\_\_\_\_ if yes how long \_\_\_\_\_
9. Are your children Friendly Shy Aggressive withdrawn when meeting someone the first time \_\_\_\_\_
10. Does your child play well along \_\_\_\_\_
11. Is your child completely toilet train \_\_\_\_\_
12. Can your child use table utilities (spoon, fork) without assistance \_\_\_\_\_
13. Should the Nanny follow a particular pattern for toilet training \_\_\_\_\_
14. Would you expect a daily report on **Infant(s)** bowel/bladder \_\_\_\_\_
15. Are the children on a sleeping/feeding schedule \_\_\_\_\_
16. Is the Nanny expect to assist with scheduling \_\_\_\_\_
17. Would you prefer your Nanny in uniform \_\_\_\_\_
18. Would the Nanny expect to prepare meals for all family members \_\_\_\_\_
19. Individuals living in household other than family members:  
 \_\_\_\_\_  
 \_\_\_\_\_
20. List visitors, friends & relatives who may visit during Nanny employment hours
 

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

References

Name\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

21. Discuss disciplinary policy with your Nanny.

22. Would the Nanny expect to perform household duties\_\_\_\_\_

23. Will the children playmates visit during the day\_\_\_\_\_

24. Is the Nanny expect to use her car to transport children\_\_\_\_\_ if yes  
Will the gas mileage be included with her salary.\_\_\_\_\_

25. Do either parent work from home Yes or No \_\_\_\_\_