

Family Application For Temporary Child Care Services

Family Name:		Home: ()	
Street:	City:	State:	Zip Code:
Parent's Name:		Parent's Name:	
Employer:		Employer:	
Cell Number: ()		Cell Number: ()	
Work Number: ()		Work Number: ()	
Email:		Email:	

Child's Name (first and last)	Sex	Date of Birth	Year in School

Do both parents live at the home address? _____

Child care is the caregiver's primary responsibility. Do your children have any special needs or requirements?

Please describe any household pets if applicable:

Do any family members smoke? _____ Are there any other adults living in your home? _____

Do you have any additional information or comments that will help us make the most compatible match for you and the caregiver?

Nannies from the Heartland, Inc.

5490 Balsam Lane, Mpls, MN 55442

Phone: 763-550-0219 Fax: 763-519-0881

Please give directions to your home from the nearest major highway:

How / Where did you hear of Nannies from the Heartland?

REFERENCES (please include previous child care providers if possible)

Name:	Address:
Phone: ())	Times to call:
Relationship	How Long:
Name:	Address:
Phone: ())	Times to call:
Relationship:	How Long:

Is all the information provided on this form true and complete to the best of your knowledge? _____

The family agrees to pay the caregiver their current rate for all temporary services provided and also the service fee for all dates of service to the agency.

The family has read and agrees to the payment and cancellation policies for the temporary services offered by *Nannies from the Heartland, Inc.* including the non-refundable registration fee.

All arrangements for caregiver services must be made through the *Nannies from the Heartland, Inc.* office.

The family agrees not to employ, or refer to other families, any person referred to them by the agency without the payment of the service fee.

The family understands that the caregiver is classified as an employee of the family, and that *Nannies from the Heartland, Inc.* acts as the screening and referral agent only.

The family agrees to release and discharge *Nannies from the Heartland, Inc.* from any claims for damages or losses that might result from engagement of caregiver services.

The family understands that *Nannies from the Heartland, Inc.* does not guarantee temporary requests will be filled.

Visa/MasterCard Number: _____ Expiration Date: _____

CVV (three digit code on back of card): _____

Billing Address for this card: _____

Signature: _____ Date: _____