



Last Name of Family _____ Date _____

FAMILY APPLICATION PART 2

NANNY/SITTER'S SCHEDULE Starting Date _____ Ending Date _____

Ending date will be one year from starting date unless a shorter time is required. A new contract is required after the end date if nanny and family agree to continue beyond one year.

What are the hours you would need the nanny/sitter?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Weekly Hours
Start Time								
End Time								
Total Daily Hours								

Additional information about schedule

NANNY JOB DESCRIPTION

Please indicate which of the following activities are expected from the nanny during scheduled work hours:

Physical care of child's

_____ bathing/personal hygiene _____ feeding/meals _____ attend to health and safety

_____ bedtime/naptime _____ dressing _____ transportation to and from activities

Please provide additional instructions regarding the physical care of the child/children:

Planning of age-appropriate activities which will contribute to the child's physical, emotional, intellectual, and social development, allowing for creativity:

_____ science/math _____ music _____ art _____ story time _____ fine motor

_____ gross motor _____ dramatic play _____ swimming _____ field trips to zoo, museums etc.

_____ outings and walks to neighborhood parks _____ play groups

Please provide additional instructions about activities including any limitations or restriction of activities:

Discipline

Physical discipline of any kind is forbidden. The family's preferred method of discipline is as follows:

Light housekeeping related to the child's

_____ bedroom _____ bathroom _____ play areas _____ food preparation/cleanup

_____ laundry _____ nutritious meals and snacks _____ shopping needs: clothing, toys, groceries

If you have a housekeeper, please indicate how frequently the housekeeper cleans and the days and hours the house is cleaned :

Frequency _____ Day(s) _____ Times _____

Family will provide further instruction for:

_____ Home rules (watching television, guests etc.) _____ Planning outings/field trips and use of petty cash

_____ Allergies and Medications _____ Types of foods and snacks



_____ Discipline Techniques _____ Procedures for accidents and illnesses
 Last Name of Family _____ Date _____

Generally Accepted Guidelines for Nannies and Families

1. Nanny's personal activities and appointment are to be scheduled during time off unless unavoidable. If unavoidable, advance notice and communication with the family is expected.
2. Nanny is not to have visitors to the home or take child/children outside of the home unless the family has been informed and approves of the arrangements.
3. The family will establish a petty cash budget for planned activities and expenses related to child care (zoo, lunches out museums etc.) and the nanny will work within the budget and provide receipts for any expenditure.
4. There is to be absolutely no smoking or use of alcohol or drugs while caring for the children. Doing so is immediate grounds for dismissal.
5. Nanny is expected to be prompt dependable and prepared to work during each scheduled time. Family is expected to relieve the nanny at the designated end time unless other arrangements are made in advance.
6. Child/children's nap time is considered a break time for the nanny. This time may also be used to attend to some of the light housekeeping duties while still providing a break for the nanny.
7. Family and nanny will notify each other at least _____ weeks in advance of any planned vacation or absence and provide as much notice as possible for emergency changes in schedule.
8. Days or partial days that the parent unexpectedly takes off and care is not needed are to be considered paid days off for the nanny.

Additional Guidelines _____

Please indicate any scheduled activities in which the children participate (lessons, sporting activities, etc):

Child's Name	Scheduled Activities	Will nanny be driving children?

JOB OFFER FOR NANNY POSITION

Salary Range \$ _____ PER HOUR or \$ _____ PER WEEK Is overtime expected? _____

Paid to nanny: WEEKLY BIWEEKLY

Family is responsible for tax obligations (Go to <http://www.breedlove-online.com/taxes.html> to calculate tax)

NANNY WILL HAVE THE FOLLOWING DAYS OFF	Number of Paid Days	Number of Unpaid Days
Holidays:		
Additional times Nanny will be off (family on vacation, maternity leave, etc.)		
Personal Days/Sick days		
TOTAL	_____ Paid Days off	_____ Unpaid Days off

Additional information about Paid or Unpaid time off

Mileage Reimbursed ___NO ___YES ___per mile

Other Benefits: ___Car available ___Health Insurance ___Health Club/Pool Membership ___Travel with family

To be signed when nanny accepts job offer.

Family Signature _____ Date _____

Nanny Signature _____ Date _____

Agency _____ Date _____