



Family Application

DATE:

PERSONAL INFORMATION		
Name:		
Address:		
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Referred by : Friend__ Facebook__ Google__ Indeed__		
Are You 18yrs or Older Yes <input type="checkbox"/> No <input type="checkbox"/>	Language Spoken _____ Language preferred _____	Select Family Service Membership (1) month or (6) months <input type="checkbox"/> (1) year Plan <input type="checkbox"/> N.B. You can always switch to another plan if your needs change.
FAMILY HISTORY		
Occupation:		
Work Schedule:		
Hours required:		
Do you or any household member smoke <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Child(ren) _____ D.O.B/Gender _____	
Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do your children have any allergies or special needs? <input type="checkbox"/>	
If yes, describe:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain:	
Are children given <input type="checkbox"/> breastfed <input type="checkbox"/> formula or both <input type="checkbox"/>	Do your children take prescribe medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	

How many ounces _____ Feeding times every -----	If Yes, explain:
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SERVICES DESIRED

Newborn Care Services	24 hour <input type="checkbox"/> Nights <input type="checkbox"/> Live-in <input type="checkbox"/> Live-out <input type="checkbox"/>
Start Date	mm/dd/yyyy-

INTERESTS

Hobbies:	Sports:
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Travelling	Seasonal Location	Required activities for children
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Additional interest –
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Compensation

Salary (HR)			
Paid time off			
Paid Holidays			
Medical /Dental Insurance			
Vehicle Transportation			

Required Job Duties

Job description required for nanny/Newborn Care Specialist (check those that apply):

- Nursing baby
- Feed solid foods as appropriate by age
- Swaddle newborn
- Burp newborn
- Clean umbilical cord
- Administer ointment and clean circumstances
- Provided 24 hour childcare
- Sleep train baby child to swim
- Comfort colic baby
- Supervise baby/ infant during professional swimming lessons

Car for sick child (Explain: _____)

Give baby bath

Conduct interactive and stimulating activities(reading, tummy time other ____

Baby laundry

Ensure safety of baby / children

Other:

Authorization

I, _____, acknowledge that My Lullaby Babies LLC may request information on my character and family. I hereby authorize the Agency to obtain any such information.

I acknowledge that I have read and understand this statement and that, to the best of my knowledge, the information provided in this application is true and correct. I agree that this application is intended for use to assess my family needs for service through the agency.

I agree and understand that Lullaby Babbies LLC is acting as a placement agency, and as a result to release and hold the Agency harmless for any act of the employee. I also agree to hold the Agency harmless of any claim as a result of any placement I receive.

Applicant's Signature

Date