



The Stork Stops Here

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The Stork Stops Here has prepared the following check list to help identify your needs, which will allow us to refer the best and most suitable Nanny for your Family.

FAMILY INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ (H) _____ (W) _____ (C) _____ (F)

Email: _____ (H) _____ (W)

CHILDREN'S INFORMATION

Name	Age	Gender	Date of Birth

Will there ever be additional children to care for (i.e., step-children, friend or relative's children)? _____

NANNY WORK SCHEDULE

The Nanny will be required to work an average of _____ hours per week, as follows:

Day of the Week	Start Time	End Time	Total Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Miscellaneous or other Hours that may be required: _____

Which Holidays will Nanny have off? _____

Will Nanny be paid for Holidays not worked? Yes No

Will Nanny be entitled to Vacation Pay?: _____ If yes, how many days? (_____)

Will the Nanny's vacation be identified by the family or the Nanny? Family Nanny

How many sick days will the Nanny be allotted per year? _____

Will compensation be provided? Yes No

Nanny Services Check List

PAYROLL INFORMATION

Payday: Weekly on __M __T __W __Th __F
 Every other week on __M __T __W __Th __F
 1st & 15th of the month
 Other _____

Will you withhold taxes? Yes No

Will health insurance be provided? Yes No

DUTIES

Childcare

Morning Care: Waking the Children (): Preparing Breakfast ():
Preparation of School Lunches (): Dressing for School (): Driving To School ().

After School: Assisting with Homework (); Having Friends over for/or Driving to Play Dates ():
Driving to Lessons (): Activities or Sports ().

Evening Care: Meal Preparation for Children and/or Entire Family (): Bath Time (): Reading ().

Miscellaneous: Bottles (): Diapers (): Stroller Walks (): Swimming ():
Administering Medications ().

Laundry: None Children Only Entire Family

Housekeeping: (Specific Duties expected): _____

Meal Preparation (Occasionally: Always) (Which Meals?) (Will Meal Plans or Recipes be Provided?)

Driving: If driving is required, will you provide a car or is the Nanny required to provide her/his own?
_____.

Errands:

Grocery, Clothing, & Other Shopping: _____
 Taking Children to Doctor, Dentist, Orthodontist, & Other Appointments: _____

Nanny Services Check List

- Car Wash/Maintenance: _____
- Prescription Pick Up: _____
- Dry Cleaning: _____
- Other: _____

Pet Care: (Walking, Feeding, Brushing, Cleaning the Yard: Cages or Tanks): _____

Miscellaneous: _____

Travel

Will Travel be required? _____. If so, how often? _____. Travel mileage: _____.
Is there Additional Compensation during Travel?

Will the family provide advance cash for the child/children's incidental expenses? _____.
If not, what is your reimbursement policy? _____

Meals for the Nanny:

Will the Family provide meals or is the Nanny expected to bring her/his own? _____.

LIVE IN INFORMATION

Is the Nanny required to stay 7 days a week? _____.

Will the Nanny be expected to leave weekends or other times? _____

What type of Bedroom Accommodations will be provided? _____

Where will the Nanny shower, etc.?:

Will the Nanny be invited to have meals with family? _____. If not, what arrangements will be made?

Will Family provide Nanny with specific foods of her preference? _____

Will Nanny be permitted to have friends or family members visit? _____

SPECIAL NEEDS/REQUIREMENTS

Does any family member have any special needs that Nanny should be aware of?: (Physical Limitations;

Nanny Services Check List

Dietary Restrictions; Religious Observations, etc.)

Does House have any unusual or specific characteristics that Nanny should be aware of?: (i.e., Stairs, Rural Location, etc.):
