



Client Registration Form

Name

Address

Email

Home phone number

Mobile phone number

Work phone number

Please state which number you would prefer us to contact you on:

Work _____ Home _____

Mobile _____

FAMILY DETAILS

Father:

Mother:

Name:

Nationality:

Religion:

Occupation:

YOUR CHILDREN

Name	Age	Sex	Medical Conditions	Special Needs
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REQUIREMENTS

Essential

Preferred

Not Essential

Qualifications

Experience

Non Smoker

Preferred start date

Number of nights per week

Likely number of weeks

ACCOMMODATION OFFERED

Own Room

Room shared with child/ own bed

Bed settee

Sofa

TV

Food/ drink

ADDITIONAL INFORMATION

Do you have any pets?

Do you have any other staff?

Do any family members smoke?

How did you hear about Night Nannies?

I confirm that the above information is correct and I have read and agreed to your Terms and Conditions:

Name _____

Signed _____ Date _____