

CLIENT REGISTRATION FORM

Please complete this form and return it to Lemonjelly Childcare Solutions, 36 Coombe Hill Crescent, Thame, Oxon, OX9 2EH

Personal details

| | Mother | Father |
|----------------|--------|--------|
| First name | | |
| Surname | | |
| Profession | | |
| Nationality | | |
| Religion | | |
| Marital Status | | |

Contact

Address

Telephone HOME
Telephone WORK
Telephone MOBILE
Email address

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |

ABOUT YOUR FAMILY

the more information we have about your children and family can help us match you and a potential nanny

| Child 1 | |
|-------------------------|--|
| Name | |
| Date of birth | |
| Gender | |
| Nursery/school attended | |

| Child 2 | |
|-------------------------|--|
| Name | |
| Date of birth | |
| Gender | |
| Nursery/school attended | |

| Child 3 | |
|-------------------------|--|
| Name | |
| Date of birth | |
| Gender | |
| Nursery/school attended | |

| Child 4 | |
|-------------------------|--|
| Name | |
| Date of birth | |
| Gender | |
| Nursery/school attended | |

Please state any medical problem/allergies/special requirements we need to know about.

Is a new baby expected? Due date _____

Family lifestyle (please tick)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Sporty | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Flexible + easygoing | <input type="checkbox"/> Traditional |
| <input type="checkbox"/> Prefers routine | <input type="checkbox"/> Social |

Do you have any pets?

please provide details

Are any other staff employed in the home?

Please state if either partner works from home

Have you employed a nanny/mothers help before?

please note the dates of employment and reason for leaving.

EMPLOYEE REQUIREMENTS

please tick

- | | | | |
|------------------------------------|--|--|-------------------------------------|
| <input type="checkbox"/> Nanny | <input type="checkbox"/> Parent help | <input type="checkbox"/> Maternity nurse | <input type="checkbox"/> Babysitter |
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary specify dates | | |

Preferred start date

Working hours

Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____
 Sunday _____ to _____

Total weekly hours

% of Sole charge?

Living arrangements

please tick

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Combination | <input type="checkbox"/> Bedroom |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Sitting room |
| <input type="checkbox"/> Separate flat | <input type="checkbox"/> Own floor |
| <input type="checkbox"/> Self contained | |

Is a qualification essential?

- Yes No

Requirements - please tick

- | | | |
|--|--|---|
| <input type="checkbox"/> New born experience | <input type="checkbox"/> Special needs skills | <input type="checkbox"/> Full housework |
| <input type="checkbox"/> Nursery duties | <input type="checkbox"/> School runs | <input type="checkbox"/> Family cooking |
| <input type="checkbox"/> Nanny experience | <input type="checkbox"/> Occasional overnights | <input type="checkbox"/> Family laundry |
| <input type="checkbox"/> Babysitting | <input type="checkbox"/> Willing to travel | <input type="checkbox"/> Grocery shopping |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Will a car be provided? | if yes, for <input type="checkbox"/> duty only or <input type="checkbox"/> sole use? |

Personal attributes - please tick

- | | | |
|---------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Energetic | <input type="checkbox"/> Swimmer |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Discreet | <input type="checkbox"/> Non smoker |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Sporty | <input type="checkbox"/> Musical |
| <input type="checkbox"/> Animal lover | | |

If travel is required please give details

Would you consider employing a nanny with own child?

- Yes No

GROSS NET salary?

Weekly

Hourly

Overtime

Annual holiday entitlement?

Preferred days/times for interviews with candidates

Please use this space to provide use with any additional information about your requirements.

How did you hear about Lemonjelly Childcare Solutions?

I certify that the information given is correct and that I have read and accept Lemonjelly Terms of Business. I give permission for Lemonjelly to advertise the job description provided through third party websites in order to maximise potential candidates.

If you receive CVs and employ a nanny through Lemonjelly then you are accepting the Terms of Business even if the registration form hasn't been signed and returned.

Signed _____

Date _____