



Parent Infoform

Date _____

Account # _____
CCC _____
Amount Paid _____
Date Paid _____
Method of Payment _____

PERSONAL INFORMATION

Parent #1 Name: _____ Parent #2 Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
General Location: _____ Home Phone: (____) _____
Home E-mail: _____ Home Fax: (____) _____

EMPLOYMENT INFORMATION

Parent #1 Occupation: _____ Employer _____
Business Address: _____
Work Phone: (____) _____ Work Fax: (____) _____
Cell Phone: (____) _____ Work E-mail: _____
Parent #2 Occupation: _____ Employer _____
Business Address: _____
Work Phone: (____) _____ Work Fax: (____) _____
Cell Phone: (____) _____ Work E-mail: _____

JOB REQUIREMENTS (Circle those which apply, Y=YES, N=NO, D=DEPENDS, S=SOMETIMES)

May Nanny Smoke	Y N D S	Need Special Needs Care	Y N D S
Need Meals Prepared	Y N D S	Need Schedule Flexibility	Y N D S
Need Housework	Y N D S	Nanny Allowed to Bring	
Do You Have Pets	Y N D S	Her Child	Y N D S
Need Infant Experience	Y N D S	Need A Swimmer	Y N D S
Need A Driver	Y N D S	Need Elderly Care	Y N D S

Circle the Child Care Needed:

Full Time	Temporary	Live- In	Evening	Overnight
Part Time	Tutor Care	Summer	Weekend	Share-A-Nanny

Specific Days and Hours Needed: _____

CHILDREN'S PERSONAL INFORMATION: (Please provide the following information about your children.)

	NAME	SEX	DOB	SCHOOL SCHEDULE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Start Date: _____ End Date: _____ Salary : _____

How did you learn about A Choice Nanny? _____

Has your family experienced any episodes of domestic violence and/or incidents that were reported to police or social services? _____ Explain: _____

Have you or any immediate family members ever been arrested for any offense or convicted of a felony? _____ Explain: _____

Do you have firearms in your home? _____ Are they loaded? _____

Do children and nannies have access to them? _____

PARENTS MUST TAKE PRECAUTIONS TO MAKE FIREARMS INACCESSIBLE.

FAMILY LIFESTYLE

What type of childcare have you had in the past? _____

Why was the care terminated? _____

Please share any additional comments of favorable/unfavorable experiences with prior nannies: _____

List other family members living at home: _____

Are there any pets in your home include breed, and level of friendliness? _____

Are there smokers in your home? _____ If yes, do they smoke inside of the home or outside of the home? _____

Describe your housekeeping standards: _____

Do you have a housekeeper? _____ If yes, how frequently does the housekeeper clean? _____

Please describe your lifestyle including activities and interests: _____

Describe the personality of you/your spouse and describe the type of parent(s) you are (ex: nervous, easy going, strict, lenient, etc): _____

Parent #1 _____

Parent #2 _____

Nanny Qualifications/Job Duties:

Describe your ideal nanny (ex: Personality & Experience): _____

Describe what type of nanny/family relationship you would like to have: _____

Describe the nannies responsibilities for your children: _____

Nannies usually work 5 days a week, 8-12 hours per day. They are responsible for all childcare related duties. Do you have needs above and beyond this? _____ If yes, please describe duties (ex: cooking, housekeeping, laundry, driving): _____

What benefits will you provide the nanny (ex. Health insurance, paid vacation, paid travel with the family, holidays, bonuses, tuition reimbursement): _____

What type of accommodation can you offer a live-in? (if applicable) _____

Is a car available for the Nanny or is the nanny to use her own car? _____

Do you have any other requirements and/or duties that you would like from a nanny that have not been addressed? _____

- Please describe each child's personality, development stage, special needs, health problems/allergies, and medications:
1. _____

 2. _____

 3. _____

 4. _____

 5. _____

Are you expecting any more children in the next year? _____ If yes, when are you expecting? _____

CLIENT ACKNOWLEDGMENT AND RELEASE

I/We, the undersigned, hereby acknowledge that I/we have engaged the services of **CSF, Inc.** (the "Center"). I/We further understand that the Center specializes in the referral of dependent care provider candidates (the "Candidate(s)") for occasional, temporary and ongoing dependent care.

I/We understand that upon hiring a Candidate for ongoing dependent care or for occasional or temporary care, I/we shall be required to pay the applicable Center referral fee (the "Fee"). If, however, I/we subsequently hire a Candidate for ongoing care, whom I/we have previously used for occasional or temporary care, the Fee assessed for the referral of an ongoing dependent care Candidate will then be payable.

I/We further acknowledge that the Center does not maintain an employer/employee relationship with any of the Candidates. Accordingly, I/we accept that it is my/our responsibility to interview any Candidates selected for referral by the Center and to perform an independent inquiry, in addition to any inquiry performed by the Center into each Candidate's references and background, prior to a final selection of any Candidate hired by me/us. I/We understand it is my/our responsibility to obtain from the Center all back-up paperwork on the Candidate I/we have hired.

Each of the undersigned further acknowledges that any and all information, including, but not limited to, the Candidate's file, is confidential and the property of the Center. Because I/we acknowledge that such proprietary information is confidential, I/we agree not to disclose to any person or entity the name and address or any other information relating to any Candidate.

In consideration of the services of the Center and of the personal benefits and advantages received by me/us as a result of these services, and being fully aware of the potential risks and hazards inherent in hiring a person to provide care for a dependent, I/we unconditionally accept and assume any and all risks involved in hiring a Candidate referred to me/us by the Center.

Each of the undersigned exempts and releases ACN Holding, Inc., the Center, its directors, officers, shareholders, agents, and employees from all actions, causes of action, claims and demands for injuries, accidents, sickness and damages of whatsoever nature, which may be sustained by me/us or our dependent in consequence of using the services of the Center. Each of the undersigned, individually and as parent(s) and natural guardian(s), hereby agrees to indemnify and save harmless the Center from all injuries, losses, damages, and expenses, should any claim, demand or suit be made by or on behalf of my/our minor child(ren) in consequence of using the services of the Center.

This release extends and applies to all unknown, unforeseen, unanticipated and unsuspected injuries, damages, losses and liabilities, and the consequences of them, as well as those, which may have been disclosed and presently known to exist. The provisions of any state, federal, local or territorial law or statute providing, in substance, that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist, at the time to the person executing such release, are expressly waived.

Any controversy or claim arising out of or relating to this Acknowledgment and Release shall be settled first by mediation and, if unsuccessful, then by arbitration. Such arbitration shall be conducted in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator(s) may be entered in any court of competent jurisdiction.

I(WE) HAVE READ THE ABOVE ACKNOWLEDGMENT AND RELEASE AND FULLY UNDERSTAND IT.

SIGNATURE OF CLIENT

SIGNATURE OF CLIENT

PRINT NAME

PRINT NAME

DATE

DATE

PROPRIETARY INFORMATION AGREEMENT

Each of the undersigned further acknowledge that any and all information, including, but not limited to, the candidate's file, is confidential and the property of A CHOICE NANNY. Because I/we acknowledge that such proprietary information is confidential, I/we agree not to disclose to any person or entity the name and address or any other information relating to any candidate. I/ We further agree that if such disclosure is made by me/us and as a result a Candidate is hired without the use of A CHOICE NANNY'S service, I/we will be responsible for the Fee that would have been due to A CHOICE NANNY at the time the Candidate was hired, along with any other damages and/or ACN as a result of such disclosure.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT IN WITNESS WHEREOF; WE HAVE HEREUNTO SET OUR HANDS AND SEAL THIS _____, DAY OF _____ 2010.

(Parent Signature)

(Parent Signature)

(Agency Signature)

CSF, Inc.
(Corporate name of ACN)