

**CHILD CARE NETWORK, LLC**  
"A Professional Nanny Agency"  
P.O. Box 80154 • Saukville, WI 53080  
Phone: 262-268-0513 • www.ccnnannies.com

**Client Application**

Date \_\_\_\_\_

**Family Information**

Last Name \_\_\_\_\_

(Mrs.) First Name \_\_\_\_\_

(Mr.) First Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone (Mrs.) \_\_\_\_\_ (Mr.) \_\_\_\_\_

Fax \_\_\_\_\_

Do both Mr. and Mrs. work outside of the home? \_\_\_\_\_

If so, list place of employment information below.

(Mr.)

(Mrs.)

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Household Information**

Number of children in household. \_\_\_\_\_

Name(s) \_\_\_\_\_

Age(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do any of the children attend school? \_\_\_\_\_

If so, list schools below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any pets? (Be specific please.)

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Describe what you are looking for in a child care provider and what their duties will be?

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**Position Description**

Will you need Full-Time/Live-In \_\_\_\_\_ Full-Time/Live-Out \_\_\_\_\_  
Part-Time \_\_\_\_\_ Or Summer \_\_\_\_\_  
Desired starting date. \_\_\_\_\_  
How many days and or hours a week are you looking for? \_\_\_\_\_  
Which days of the week? \_\_\_\_\_  
Will you need evening care? \_\_\_\_\_  
Will you need weekend care? \_\_\_\_\_  
Are there any special circumstances in your family that your child care provider will need to know about (pregnancy, moving, allergies, etc.)? \_\_\_\_\_  
\_\_\_\_\_

If you are seeking a live-in child care provider, please describe their accommodations.

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Please provide two references (not family) whom we may contact. Please note their relationship to you. If possible, include a previous child care provider, baby sitter or nanny.

Name	Phone Number
1) _____	_____
2) _____	_____

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date