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"Your Family's Personal Support System"

TIME TO APPLY

Enrollment Data

Parent/ Guardian (primary)	Home Phone	Mobile Phone

Home Address	City	State	Zip Code

Email Address

How did you hear about B'Cause it takes a Village?

Childcare Needs

❑ Full-Time Contract ❑ Part -Time Care ❑ Temporary/ Sick Care ❑ Pick Up/Drop Off
❑ Live In ❑ Synagogue/ Nursery ❑ Hotel Care

Expected Start Date	Expected End Date *(If Temporary Care)*

Day(s) Service Needed

❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑ Saturday ❑ Sunday

Schedule? ❑ Fixed ❑ Flexible

Commitment Needed (select one)

❑ < 1 Year ❑ 1-2 Years ❑ < 2 Years ❑ > 2 Years

Anticipated Work Hours Needed

Anticipated Salary Range

❑ Hourly _____ ❑ Weekly _____

	M	T	W	T	F	S	S
From							
To							

Anticipated benefits for the caregiver/ Nanny?

Describe your ideal nanny?

PLEASE DESCRIBE YOUR FAMILY'S PHILOSOPHY REGARDING DISCIPLINE.

TELL US ABOUT YOUR PAST CHILDCARE EXPERIENCES? WHY DID THESE ARRANGEMENTS END?

REFERENCES *(PLEASE GIVETWO NANNY/ SITTER REFERENCES AND CONTACT INFORMATION)*

NAME	
TELEPHONE	EMAIL ADDRESS
NAME	
TELEPHONE	EMAIL ADDRESS

CHILD'S INFORMATION

#1 CHILD'S NAME		
AGE	DATE OF BIRTH _____/_____/_____	SEX ❑ MALE ❑ FEMALE
#2 CHILD'S NAME		
AGE	DATE OF BIRTH _____/_____/_____	SEX ❑ MALE ❑ FEMALE
#3 CHILD'S NAME		
AGE	DATE OF BIRTH _____/_____/_____	SEX ❑ MALE ❑ FEMALE
#4 CHILD'S NAME		
AGE	DATE OF BIRTH _____/_____/_____	SEX ❑ MALE ❑ FEMALE

ADDRESS WHERE CHILDREN RESIDE: ❑ SAME AS ABOVE

ADDRESS	CITY	STATE	ZIP CODE

DOES YOUR CHILD(REN) TAKE ANY MEDICATION? ❑ YES ❑ NO

IF YES, PLEASE EXPLAIN.

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS? ❑ YES ❑ NO

IF YES, PLEASE EXPLAIN.

B'Cause It Takes A Village adheres to a strict non-discrimination policy in its enrollment practices and in the provision of services to its clients. B'Cause It Takes A Village will not refuse, withhold, or limit the provision of any services to any present or prospective client, based solely on that individual's race, color, religious creed, handicap, ancestry, national origin, age, sex, veteran status, disability, marital status, sexual orientation, pregnancy or citizenship status.

Disclaimer:This application does not guarantee placement. Placement is based upon availability and our ability to find an available match for your childcare needs.

_____

(Signature of Client/Applicant) *(Date)*