



Child Care Professionals

Family Name _____
Phone, parent _____
Phone, parent _____
Preferred Phone _____
Preferred email(s) _____
Referral Source _____
Date _____

CHILD CARE REGISTRATION FORM

Positions: Fulltime (40+ hours per week) _____ Part-time (less than 40 hours per week ongoing) _____

*A non-refundable \$350.00 registration fee will be processed upon receipt of the registration form. The fee includes registration with our Occasional/ Temporary Service for one year. Credit card information is required in order to use Occasional/ Temporary and Full-time Services through **Child Care Professionals**.*

Credit Card: AMEX _____ MC _____ Visa _____ (Please print clearly)
Name on card: _____
Card number: _____
Expiration date: _____
Billing address: _____

Family Information

Name _____ Business Phone _____ Email _____
Parent Occupation _____ Employer _____

Name _____ Business Phone _____ Email _____
Parent Occupation _____ Employer _____

Home Address _____ City/State/Zip Code _____

Cross Street _____ Locality _____

Children: Name _____ DOB _____ M _____ F _____ *Allergies/Special/ Dietary/ Needs*
Name _____ DOB _____ M _____ F _____
Name _____ DOB _____ M _____ F _____

Do you have domestic help? Yes _____ No _____ Do you have pets? Yes _____ No _____ Describe _____

Does either parent work from a home office? Yes _____ No _____ If yes, what percentage of time/wk.? _____

Would you consider a provider that has a young child of their own Yes _____ No _____ May Consider _____

Position Description Starting Date: _____ Ending Date: _____

Days/Wk.: M T W Th Fri. Sat. Sun.
Hours: _____ / _____ / _____ / _____ / _____ / _____ / _____

Expectations of child care provider:

The nanny will use their own vehicle for job related activities: Yes _____ No _____
Education preference: High school graduate _____ Some college _____ College grad _____ No preference _____
Gross Wage Range (based on 40-50 hrs./wk. or hourly): \$ _____ per _____
Health benefits available for FT: Yes _____ No _____

All information is accurate without omissions of any kind. I understand the placement agreement and my responsibilities with Child Care Professionals, Inc.

Signature: _____ Date: _____