

PARENT REGISTRATION FORM

Name: _____

Address: _____

Post code: _____

Home Tel: _____

Work Tel: _____ Ext: _____

Mobile: _____ Email: _____

Children:	<u>Name</u>	<u>Age</u>	<u>Boy/Girl</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Baby Due? Yes/No (delete as appropriate)

If yes, date due: _____

What services do you require?

(Tick all that apply)

Nanny Mothers Help Babysitter

Full time Part time Temporary Permanent

Live In Live Out Sole Charge

Qualified Unqualified Experienced

Emergency Temporary Cover

Days Required: Mon Tues Wed Thurs Fri Sat Sun

(Tick all that apply)

Usual hours : _____

Start Date: _____

Salary: _____ hourly/Weekly/Monthly (delete as appropriate)

Driving License: Yes/No (delete as appropriate)

Car Provided: Yes/No (delete as appropriate)

Any Pets: Yes/No (if yes, please describe) _____

Describe expectations and duties required:

(E.g. Nursery duties, school pick-ups, cooking etc.)

Describe living accommodation for Candidate if appropriate:

I have read and agree to the "Terms and Conditions of Business" **Yes/No**

The relevant fee structure has been explained and agreed. **Yes/No**

Signed: _____ Date: _____

How did you find out about us? _____

Please return completed registration form to:

Carolyn Glen – Childcare Recruitment

34 The Circle,
Danderhall,
Midlothian
EH22 1NR