



SMILEYS CHILDCARE AGENCY LTD™

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CLIENT APPLICATION FORM

NAME

ADDRESS

TELEPHONE NUMBER HOME
 WORK
 MOBILE
 FAX
 E'MAIL

OCCUPATIONS

MOTHER

FATHER

FAMILY NATIONALITY

RELIGION

PLEASE DESCRIBE YOUR HOME

RURAL URBAN (please tick)

DO YOU EMPLOY ANY HOUSEHOLD STAFF?

DO YOU HAVE ANY PETS?

YOUR CHILDREN

NAMES M/F AGES SCHOOL (TYPE/HOURS)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WOULD YOU CONSIDER A NANNY WITH OWN CHILD?

DO ANY OF YOUR CHILDREN REQUIRE SPECIAL CARE OR UNDERSTANDING?

DO YOU, OR ANY OTHER EMPLOYERS WORK FROM HOME?
