



INITIAL CLIENTE QUESTIONNAIRE

Thank you again for choosing A-List Nanny Services for your childcare needs. The following information will be used to complete your contract and find the best Nanny based on your family needs.

Name _____ Account Number _____

Address _____

City _____ State _____ Zip Code _____

Commitment Length _____ Start Date _____ End Date _____

Hourly Rate _____ Overtime Rate _____

Hours/Weekly Schedule _____

Health Insurance Stipend _____ Monthly

Annual Bonus _____ Babysitting Rate _____ (Hours outside of schedule)

Paid Holidays YES or NO Holiday Pay _____

Sick Days YES or NO Personal Time Off YES or NO Vacation Days YES or NO

Transportation Stipend _____

What does your ideal Nanny entail?

Family Structure – Child (ren) Name(s) and Age(s)

Typical Day
