

The Nanny Diary

[www.thenannydiary.com.au](http://www.thenannydiary.com.au)

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***CASUAL BOOKING FORM***

**FAMILY INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FAMILY NAME** | | | |  | | | | **MOTHER’S NAME** | | | | |  |
|  | | | |  | | | | **FATHER’S NAME** | | | | |  |
| **ADDRESS** | | | |  | | | | | | | | | |
| **SUBURB** | | |  | | | | | **POST CODE** | | |  | | |
| **EMAIL ADDRESS** | | | |  | | | | | | | | | |
| **CONTACT NUMBER** | | | | | | **1.** | | | | **2.** | | | |
|  | | | | | | |  | | |  | | | |
| **EMERGENCY CONTACT** | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | **Relationship** | | |  | |
| **Contact number** | | | | |  | | | | | | | | |
|  | | | |  | | | | | | | | | |
| **PETS** | | **If yes, please enter number of pets and type of animal below** | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

**CHILD INFORMATION - 1**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD NAME** | |  | | | | | | | **GENDER** |  |
| **DOB** |  | | | | | **ALLERGIES** | |  | | |
| **MEDICAL CONDITIONS** | | | | |  | | | | | |
| **VACCINATION STATUS** | | | | |  | | | | | |
| **INTERESTS/HOBBIES** | | | | |  | | | | | |
| **SLEEPING SCHEDULE** | | | |  | | | | | | |
| **TOILET TRAINED** | | |  | | | |  | | | |

**CHILD INFORMATION - 2**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD NAME** | |  | | | | | | | **GENDER** |  |
| **DOB** |  | | | | | **ALLERGIES** | |  | | |
| **MEDICAL CONDITIONS** | | | | |  | | | | | |
| **VACCINATION STATUS** | | | | |  | | | | | |
| **INTERESTS/HOBBIES** | | | | |  | | | | | |
| **SLEEPING SCHEDULE** | | | |  | | | | | | |
| **TOILET TRAINED** | | |  | | | |  | | | |

**CHILD INFORMATION - 3**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD NAME** | |  | | | | | | | **GENDER** |  |
| **DOB** |  | | | | | **ALLERGIES** | |  | | |
| **MEDICAL CONDITIONS** | | | | |  | | | | | |
| **VACCINATION STATUS** | | | | |  | | | | | |
| **INTERESTS/HOBBIES** | | | | |  | | | | | |
| **SLEEPING SCHEDULE** | | | |  | | | | | | |
| **TOILET TRAINED** | | |  | | | |  | | | |

**CHILD INFORMATION - 4**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD NAME** | |  | | | | | | | **GENDER** |  |
| **DOB** |  | | | | | **ALLERGIES** | |  | | |
| **MEDICAL CONDITIONS** | | | | |  | | | | | |
| **VACCINATION STATUS** | | | | |  | | | | | |
| **INTERESTS/HOBBIES** | | | | |  | | | | | |
| **SLEEPING SCHEDULE** | | | |  | | | | | | |
| **TOILET TRAINED** | | |  | | | |  | | | |

**BOOKING DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** |  | | **START TIME** |  |
|  | | | **FINISH TIME** |  |
| **ADDRESS** | |  | | |