



LITTLE ANGELS

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FAMILY REGISTRATION NANNY/MOTHERS HELP/MATERNITY NURSE

Family Details				
Surname	<input type="text"/>	Forenames	<input type="text"/>	<input type="text"/>
		Husband		Wife
Address	<input type="text"/> <input type="text"/> <input type="text"/>			
Home Telephone	<input type="text"/>	Work Telephone	<input type="text"/>	
Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Husband		Wife	
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Religion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please describe your home				
Bedrooms(s)	<input type="text"/>	Bathroom(s)	<input type="text"/>	
Reception(s)	<input type="text"/>	Toilet(s)	<input type="text"/>	
Garden	<input type="text"/>			
(Please Tick)	Urban <input type="checkbox"/>	Rural <input type="checkbox"/>		
Public Transport	<input type="text"/> <input type="text"/>			
What other Household staff do you employ?	<input type="text"/> <input type="text"/> <input type="text"/>			
Family Pets (Please list and describe)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Children

Names(s)	M/F	Age	Schools (Type/Hours)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do any of your children need any special care and understanding

Car Driver

Essential

Non Essential

Non Smoker

Essential

Non Essential

Other Preferences

AGREEMENT

I have read, understand and agree to abide by the Agency's Terms and Conditions.

Signed: _____

Date: _____