

Phoenix Kids Nanny Service Registration

Child's Full Name (Include Middle Name): _____

Nickname Use: _____ Date child joined the club: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Birthdate: ____ / ____ / _____

Parent/Guardian Full Name: _____

Home #: _____ - _____ - _____ Cell #: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Address and phone # where you can be reached while child is in care:

City: _____ State: _____ Zip: _____

Contact Number: _____ - _____ - _____

Parent/Guardian Full Name: _____

Home #: _____ - _____ - _____ Cell #: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Address and phone # where you can be reached while child is in care:

City: _____ State: _____ Zip: _____

Contact Number: _____ - _____ - _____

OTHER THAN YOU, WHO ELSE HAS PERMISSION TO PICK UP YOUR CHILD?

Name & Relationship to Child:	Address:	Telephone #
1.		Home: Cell: Alternative:

2.		Home: Cell: Alternative:
3.		Home: Cell: Alternative:
4.		Home: Cell: Alternative:

In case of an emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them.

Parent / Guardian Signature: _____

Name & Relationship to Child:	Address:	Telephone #
1.		Home: Cell: Alternative:
2.		Home: Cell: Alternative:
3.		Home: Cell: Alternative:
4.		Home: Cell: Alternative:

List any allergies your child may have (include food allergies also):

What is your child's favorite snack or foods:

Does your child have any health concerns we need to know about? Please include any information about COVID-19. To help us better assist you, please inform us if your child has been exposed or has been diagnosed with COVID-19:

Has your child been in the presence or vicinity of someone who has or had COVID-19?

Yes _____ No _____

If you've answered yes to the question above, please provide us with the relationship the child has to this individual: _____

Has the child quarantined? Yes _____ No _____

Does your child need transportation: **YES** _____ **NO** _____

Pick up location: _____

Drop Off Location: _____

Days and Hours of Attendance:

AM/PM SCHEDULE: 6AM – 6PM

OVERNIGHT SCHEDULE: 7PM – 7AM

____ Monday (AM/PM/Overnight) _____ Tuesday (AM/PM/Overnight)
____ Wednesday (AM/PM/Overnight) _____ Thursday (AM/PM/Overnight)
____ Friday (AM/PM/Overnight) _____ Saturday (AM/PM/Overnight)
____ Sunday (AM/PM/Overnight)

AGREEMENT

- I understand that weekly payments are due every Monday or if on a monthly membership, the 1st of every month before supervision is given. There are NO EXCEPTIONS.
- I agree to pay \$_____ per week/month for the Phoenix Kids Nanny Service, plus an extra \$_____ per week/month for transportation.
- I understand that Phoenix Kids Nanny Service is not liable for any accidents that occur while under supervision with other children. I give Phoenix Kids Nanny Service full permission to share my contact information with parents in case of child to child accidents, recklessness, or misconduct. I understand that personal details such as address, work, etc. will remain confidential.
- I agree that I am being truthful and honest about my child(ren)'s COVID-19 exposure and/or diagnoses.

By signing this registration and agreement form, I declare that I understand, agree, and accept the terms and conditions of the Phoenix Kids Nanny Service membership. I am ready to begin services on _____ (list the start date).

Print Name: _____ Date: _____
Signature: _____ Relationship to child: _____

