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**CASUAL BOOKING FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **FAMILY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| **FAMILY NAME** | | |  | | | | | | | | | | | | | | | | | | | |
| **PRIMARY CAREGIVER 1 NAME** | | | | |  | | | | | | | | **CONTACT NO** | | | | | |  | | | |
| **OCCUPATION** | | |  | | | | | | | | | | | | | | | | | | | |
| **PRIMARY CAREGIVER 2 NAME** | | | | |  | | | | | | | | **CONTACT NO** | | | | | |  | | | |
| **OCCUPATION** | | |  | | | | | | | | | | | | | | | | | | | |
| **STREET ADDRESS** | | | | | |  | | | | | | | | | | | | | | | | |
| **SUBURB** |  | | | | | | | | | | | | | | **POSTCODE** | | | | | |  | |
| **EMAIL ADDRESS** | | | | |  | | | | | | | | | | | | | | | | | |
| **EMERGENCY CONTACT (NAME)** | | | | | |  | | | | | | | | **PH NUMBER** | | | | | |  | | |
| **DO YOU HAVE ANY PETS? (IF YES, PLEASE PROVIDE DETAILS BELOW)** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **CHILD INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| **CHILD 1** | | | | | | | | | | | | | | | | | | | | | | |
| **CHILD NAME** | |  | | | | | | | | | | | | | | | | | | | | |
| **DATE OF BIRTH** | | | |  | | | | | | | | | | | | **GENDER** | | | | |  | |
| **ALLERGIES OR DIETARY RESTRICTIONS?** | | | | | | | |  | | | | | | | | | | | | | | |
| **MEDICAL CONDITIONS?** | | | | | | | |  | | | | | | | | | | | | | | |
| **VACCINATION STATUS?** | | | | | | | |  | | | | | | | | | | | | | | |
| **INTERESTS?** | | | | | | |  | | | | | | | | | | | | | | | |
| **SLEEPING SCHEDULE?** | | | | | | | |  | | | | | | | | | | | | | | |
| **TOILET TRAINED? (Y/N)** | | | | | |  | | | | | **SPECIAL THINGS? (DUMMIES, BLANKIES, TOYS)** | | | | | | | | |  | | |
| **CHILD 2** | | | | | | | | | | | | | | | | | | | | | | |
| **CHILD NAME** | |  | | | | | | | | | | | | | | | | | | | | |
| **DATE OF BIRTH** | | | |  | | | | | | | | | | | | **GENDER** | | | | |  | |
| **ALLERGIES OR DIETARY RESTRICTIONS?** | | | | | | | |  | | | | | | | | | | | | | | |
| **MEDICAL CONDITIONS?** | | | | | | | |  | | | | | | | | | | | | | | |
| **VACCINATION STATUS?** | | | | | | | |  | | | | | | | | | | | | | | |
| **INTERESTS?** | | | | | | |  | | | | | | | | | | | | | | | |
| **SLEEPING SCHEDULE?** | | | | | | | |  | | | | | | | | | | | | | | |
| **TOILET TRAINED? (Y/N)** | | | | | |  | | | | | | **SPECIAL THINGS? (DUMMIES, BLANKIES, TOYS)** | | | | | | | |  | | |
| **CHILD 3** | | | | | | | | | | | | | | | | | | | | | | |
| **CHILD NAME** | |  | | | | | | | | | | | | | | | | | | | | |
| **DATE OF BIRTH** | | | |  | | | | | | | | | | | | | **GENDER** | | | | |  |
| **ALLERGIES OR DIETARY RESTRICTIONS?** | | | | | | | |  | | | | | | | | | | | | | | |
| **MEDICAL CONDITIONS?** | | | | | | | |  | | | | | | | | | | | | | | |
| **VACCINATION STATUS?** | | | | | | | |  | | | | | | | | | | | | | | |
| **INTERESTS?** | | | | | | |  | | | | | | | | | | | | | | | |
| **SLEEPING SCHEDULE?** | | | | | | | |  | | | | | | | | | | | | | | |
| **TOILET TRAINED? (Y/N)** | | | | | |  | | | | | | **SPECIAL THINGS? (DUMMIES, BLANKIES, TOYS)** | | | | | | | |  | | |
| **BOOKING DETAILS** | | | | | | | | | | | | | | | | | | | | | | |
| **DATE** | | | | | | | | | **START TIME** | | | | | | | | | **FINISH TIME** | | | | |
|  | | | | | | | | |  | | | | | | | | |  | | | | |
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| **ADDRESS FOR BOOKING** | | | | | | | | | |  | | | | | | | | | | | | |
| **HOW DID YOU HEAR ABOUT THE NANNY DIARY?** | | | | | | | | | | | | | | | | | | | | | | |
| [ ] Friends/Family [ ] Colleagues [ ] Search Engine [ ] Social Media | | | | | | | | | | | | | | | | | | | | | | |
| [ ] Other: | | | | | | | | | | | | | | | | | | | | | | |

