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**CASUAL BOOKING FORM**

|  |
| --- |
| **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)** |  |
| **CHILD 4** |
| **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** |
|  |  |  |
|  |  |  |
|  |  |  |
| **ADDRESS FOR BOOKING** |  |
| **HOW DID YOU HEAR ABOUT THE NANNY DIARY?** |
| [ ] Friends/Family [ ] Colleagues [ ] Search Engine [ ] Social Media |
| [ ] Other: |

