

**FAMILY UPDATE and
NEW SEARCH REQUEST**

CHILDCARE SOLUTIONS

2101 Richmond Rd
Beachwood, OH 44122
216-223-8090 Fax: 216-274-6177



Please tell us how you first learned about ChildCare Solutions: _____

Mother's Name _____ Father's Name _____

Family Address _____ Home Phone _____ Home Fax _____

City _____ State _____ Zip _____ Mother's Cell Phone _____ Father's Cell Phone _____

Email Address and/or other contact information _____

Mother's Profession: _____ Company: _____ Work From Home? YES NO
 Mother's Work Phone: _____ Mother's Work Fax: _____ Mom's D.O.B.: _____

Father's Profession: _____ Company: _____ Work From Home? YES NO
 Father's Work Phone: _____ Father's Work Fax: _____ Dad's D.O.B.: _____

<p><i>Please circle Yes, No or Depends:</i></p> <p>MAY NANNY SMOKE? Y N D WILL NANNY BE PREPARING MEALS? Y N D WILL NANNY BE DOING HOUSEWORK? Y N D DO YOU HAVE CATS OR DOGS? Y N D DOES NANNY NEED INFANT EXPERIENCE? Y N D IS THE WORK SCHEDULE FLEXIBLE? Y N D MAY NANNY BRING HER OWN CHILD? Y N D DOES NANNY NEED TO BE A SWIMMER? Y N D DOES NANNY NEED TO DRIVE? Y N D ANY CHILDREN WITH SPECIAL NEEDS? Y N D</p> <p>DOES NANNY NEED SPECIAL SKILLS Y N D</p> <p>PLEASE DESCRIBE: _____ _____ _____</p>	<p><i>Is the position you are seeking to fill:</i></p> <p><input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FULL-TIME M-F <input type="checkbox"/> PART-TIME</p> <p><input type="checkbox"/> LIVE-OUT <input type="checkbox"/> LIVE-IN</p> <p><input type="checkbox"/> OCCASIONAL EVENINGS/WEEKENDS <input type="checkbox"/> AFTER-SCHOOL CARE OR TUTOR CARE <input type="checkbox"/> SUMMER/VACATION CARE <input type="checkbox"/> SHARE-A-NANNY</p> <p>PLEASE DESCRIBE THE SPECIFIC DAYS AND HOURS OF DESIRED NANNY WORK SCHEDULE: _____ _____ _____</p>
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Position Start Date: _____ Position End Date: _____ Advertising On Your Own? Yes No

Other Agencies You Are Working With: _____

May Our Nannies Call You? Yes/No If Yes, Where? _____ Salary Range: \$ _____ Per: _____

About Your Child(ren):

Health Problems: _____

Medications: _____

Allergies: _____ Special Needs: _____

Other: _____

Describe your ideal nanny:

What types of child care have you employed in the past? _____

Why was your former child care service terminated? _____

Is there anyone other than family members residing in your home? _____

Describe your views on effective discipline: _____

Describe your household pets; are they friendly? _____

Is anyone residing in your home a smoker? _____

(if applicable) Describe the accommodations you can provide a Live-In Nanny: _____

Describe your housekeeping standards:

Has your household ever experienced any incident(s) of domestic violence and/or sexual abuse? YES NO

If it will be assistance to us in matching you with a nanny, please explain: _____

NAMES, DATES OF BIRTH, AND GENDER OF ALL CHILDREN IN YOUR HOUSEHOLD:

_____	__/__/__	M F	_____	__/__/__	M F
_____	__/__/__	M F	_____	__/__/__	M F
_____	__/__/__	M F	_____	__/__/__	M F



New Search - Job Order

This is an **AGREEMENT** (hereinafter called "Agreement") made this _____ day of _____, 20____ between **CHILDCARE SOLUTIONS** (hereinafter called the "**Service**"), in Cuyahoga County, State of Ohio, and _____, (hereinafter called the "**Client**").

In consideration of services rendered and to be rendered, Client agrees to make the payments as specified and agreed to in this Agreement.

1. Client has authorized Service to conduct a search for a care provider and authorizes a **SEARCH FEE** of \$175.00 in consideration of qualified candidates being made available to client for review.
2. All definitions as to care provider qualifications and Service's responsibilities are hereby incorporated into this authorization by reference. Service agrees to conduct Search and Referral based upon the **JOB DESCRIPTION** provided to Service by Client.
- 3.

FEE SCHEDULE (Effective January 1, 2011)

- A. Each search for a long-term care-provider initiated by Client shall be subject to a Search Fee of \$175.00. Placement fees are non-refundable. Credits to your account are valid for one year from the date of issue.
- B. Upon acceptance of a Care Provider to be engaged as a long-term employee, a Placement Fee will be incurred per the fee schedule in effect at the time.

PLACEMENT TYPE	PLACEMENT FEE
Live Out	One Time Fee of 7.5% of 'annualized' compensation Minimum Fee \$850
Live In	One Time Fee of 10% of 'annualized' compensation Minimum Fee \$1,000

Annualized compensation = weekly wages + benefits X 52 weeks
 Placement fee is due upon a care provider's acceptance of your job offer

