



full family profile

The Family Tree provides for both temporary and permanent child and elderly care needs. If your family is in need of only temporary services, please fill out sections 1 through 5, date, sign, and return with the \$30.00 yearly enrollment fee. If your family needs temporary and/or permanent services, fill out the entire profile. Please ensure that you have been as specific as possible, that you have placed your signatures in the required spaces and that you have attached the enrollment fee. Upon receipt of your profile in the office, you will be contacted to ensure your needs are fully understood.

PARENT INFORMATION

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

Occupation: _____

Home Phone: _____

Email: _____

13117 Eastpoint Park Blvd.
 Ste. H
 Louisville, KY
 (502) 895-9998
 (502) 895-6035 fax
 After Hours: (502) 541.6441

Owners Kevin and Laura Hall
 info@FamilyTreeCareServices.com

CHILD/CHILDREN INFORMATION

NAME	DOB	SCHOOL&HOURS ATTENDING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOME INFORMATION

ADDRESS (please include zip code)

DIRECTIONS (from downtown, using landmarks)

MILEAGE

Will you reimburse the Provider at \$.45 cents a mile for expenses if using her car for family business? Yes ____ No ____

PETS

Please check if you have household pets: Dogs ____ Cats ____
 Other _____





DUTIES

List the responsibilities you need the nanny to fulfill. Being specific in this area increases the likelihood there will be less misunderstandings and a better satisfaction for both parties. (Ex. Dispensing of medication, ongoing playdates, laundry on specific days.)

Upon the filing of my profile and receipt of my \$30.00 enrollment fee, I fully understand and accept that The Family Tree Care Services is a company in the business of recruiting and registering quality child/elderly care providers for families to hire by the day, week, or on a permanent basis. I know and understand that all requests/placements must be made through The Family Tree Service's office and not on an individual basis. It is to my advantage to inform The Family Tree Care Services of my needs as soon as possible, to ensure the hours and sitter I am requesting. If my family has special needs (such as transportation, chicken pox, etc.) I will inform the service at the time of the request.

I understand, if I hire a Family Tree provider on a temporary basis, that the provider is an independent agent of The Family Tree. The provider is responsible for his/her own actions and for the payment of any and every tax incurred while in my employment as per their contract with the Family Tree Care Services.

Signature: _____

Date: _____



FAMILY PROFILE (Continued)

LIVING CONDITIONS

_____ LIVE IN _____ LIVE OUT

If the provider will reside with the family, please describe the accommodations.

DUTY HOURS FOR PROVIDER

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

VACATION/HOLIDAYS

How many paid vacation or holidays will you provide after the first six months of satisfactory performance? _____

Paid vacation day scheduled with employer's agreement: _____

Paid holidays per year: _____

SPECIAL REQUIREMENTS AND/OR QUALIFICATIONS OF PROVIDER

ADDITIONAL DETAILS/EXPECTATIONS OF POSITION



EXTENDED WORK SCHEDULE

List below as it applies to your family.

TYPICAL WORKDAY

Please list below the important factors in the job description and what a typical day might include:

7 AM	
8 AM	
9 AM	
10 AM	
11 AM	
12 PM	
1 PM	
2 PM	
3 PM	
4 PM	
5 PM	
6 PM	

SALARY

Take home salary _____ per week. (Please remember take home means after taxes.)

STARTING DATE _____

TERM OF EMPLOYMENT (Likely duration of the job)



I/We fully understand and accept the provisions stated in the Placement Agreement, and agree to honor them, and fully understand and accept that incorrect description of hours, duties, or any other aspect of the employment situation herein, or non-payment of the placement fee, will make the Placement Agreement null and void and will call into question the employment commitment made by the provider.

Signature of Client:

_____ Date: _____

Signature of Client:

_____ Date: _____