



INTERNATIONAL CAREER STUDIES

AU PAIR HOST FAMILY APPLICATION FORM

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Home Phone: () _____

Address:

Street Address

Apt. Number

City

Province

Country

Postal Code

Father's First Name: _____ Date of Birth: ____/____/____

MM/DD/YYYY

Father's Last Name: _____ Age: _____

Cell Phone: () _____ Country of Origin: _____

Work Phone: () _____ Native Language: _____

E-mail: _____

Mother's First Name: _____ Date of Birth: ____/____/____

MM/DD/YYYY

Mother's Last Name: _____ Age: _____

Cell Phone: () _____ Country of Origin: _____

Work Phone: () _____ Native Language: _____

E-mail: _____

Who is legally responsible for the children? _____

NANNY/CAREGIVER PLACEMENT REQUEST

Start Date: ____/____/____ Finish Date: ____/____/____ Length of Program: _____

MM/DD/YYYY

MM/DD/YYYY

Are you willing to be placed with a male nanny/caregiver? yes no

Are you willing to accept a nanny/caregiver that smokes?

yes no only if they refrain from smoking in or around the house and children

Should your nanny/caregiver hold a valid driver's licence? yes no

Would you host a nanny/caregiver without a basic knowledge of English but with very good knowledge of another language? yes no

If yes, which language? _____

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS SPACE



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HOUSEHOLD

Child #1

Name: _____ Age: _____ Gender: male female

Child #2

Name: _____ Age: _____ Gender: male female

Child #3

Name: _____ Age: _____ Gender: male female

Do any of your children have a disability? yes no

If yes, please describe. _____

Please indicate other persons living in your household:

Person #1: _____ Date of Birth: / / Gender: _____ Relation: _____
MM/DD/YYYY

Person #2 _____ Date of Birth: / / Gender: _____ Relation: _____
MM/DD/YYYY

Have you ever had a nanny/caregiver before? yes no

Do you have any regular household help? yes no

If yes, how often does this person come by the house? _____

Do you have any pets? yes no

If yes, please indicate what type(s) and how many. _____

Would your nanny/caregiver be responsible for caring for these pets? yes no

Does your family adhere to any specific dietary restrictions? yes no

If yes, please describe. _____

RELIGION

Religion: _____

Do you regularly attend religious services? yes no

Would you accept a nanny/caregiver of a different religious affiliation? yes no

SMOKING

Does anyone in your household smoke? yes no

If yes, please indicate whom: _____

Do these people smoke within the home? yes no

YOUR HOME

In what type of town do you live? large city suburbs small town rural area

Is there public transportation available from your house to the city centre? yes no

Name of the closest subway system from your home: _____



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PARENT'S SCHEDULE

Father's Job Title: _____

Typical working hours (including commute): _____

Do you work weekends? yes no occasionally

Do you have to travel? yes no If yes, how often? _____

Mother's Job Title: _____

Typical working hours (including commute): _____

Do you work weekends? yes no occasionally _____

Do you have to travel? yes no If yes, how often? _____

CHILDREN'S SCHEDULE

Please give a schedule overview of weekly activities for each child (sports, music programs, school, etc):

Child #1: _____

Child #2: _____

Child #3: _____

OTHER HOUSEHOLD MEMBERS

Please give a schedule overview of other household members (work schedule, times out of the home, etc):

Person #1: _____

Person #2: _____

SCHEDULE FOR NANNY/CAREGIVER

Please list tasks expected to be preformed by your nanny/caregiver: _____

Please give a simple schedule that you expect your nanny/caregiver to be able to accomodate:
