

Family Registration Form

Full Name

Address

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.....

Country

Telephone (Home)

Telephone (Mobile)

Telephone (Work)

Email Address

Wife's occupation

Full or part time

Husband's occupation

Full or part time

Family nationality

Family religion

Languages spoken

Number of Children

<u>Names of Children</u>	<u>Age</u>	<u>At Play School or Home</u>
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Is a new baby expected?

Medical conditions / disabilities

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**Is the family
vegetarian**

**Family hobbies /
interests**

**Give details of any
pets**

Does anyone smoke?

House Type

Number of Bedrooms

Number of Bathrooms

Garden

Location

Nearest Town or City

Distances in km's to

Town

Bus Stop

Shops

Train Station

Language School

Cinema

**When do you want
them to start?**

**For how long do you
want them?**

Nationality Preferred

**Would you accept a
Smoker?**

Yes No

**Would you accept a
Vegetarian?**

Yes No

Would you accept a Male Au Pair? Yes No

Do you require a Driver? Yes No

Is a Driver Essential? Yes No

Confirm that the Au Pair can attend Language School Yes No

Have you ever had an Au Pair before? Yes No

Confirm that the Au Pair will have their own room Yes No

What facilities will the Au Pair have in their room?

Confirm the Au Pair will have 2 full days off per week Yes No

No of evenings babysitting (up to a max of 2)

Hours per week

Pocket Money per week (Min should be 75 Euro)

Do you employ other helpers? Yes No

Au Pair List of Duties
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Any Other Information Relevant
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By signing this form, I/we accept and agree to abide by the "Kidz Au Pair Agency" Terms and Conditions of Business (July 2004), which I/we have read and understood. I/we confirm that the information provided in our 'Application Form' is correct and accurate. I/we shall also notify Kidz Au Pair Agency immediately if there are changes to the information in our 'Application Form'.

Signed: _____ Date: _____

Post to: KidzAu Pair Agency, Upper Pembroke Rd., Passage West, Co Cork.
Please include registration fee of €50 euro with application