

Nanny Starter Kit

my day with nanny

Date: _____

Nappy Time	
Slept from	Slept to

Diapers		
Time	Wet	Poo

Meals 'n Snacks		
Time	Food or Bottle	Amount

<p>Today I was (content, chatty, curious, fussy, sleepy, quiet, etc.):</p>	<p>Other Notes:</p>
--	---------------------

<p>Special Notes from Parent to Nanny:</p>

Biweekly Time Sheet

	Date	In	Out	Unpaid Time*	Regular Hours	Overtime Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
WEEK TOTAL						

	Date	In	Out	Unpaid Time*	Regular Hours	Overtime Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
WEEK TOTAL						

I certify that I worked the hours indicated above:

Nanny Signature

Date

* Unpaid time includes any time, such as vacation, sick leave, or breaks, for which Nanny is not paid.

Emergency Information

In preparation for an emergency, Nanny and Parents should have copies of this sheet easily accessible at all times. In addition, if Nanny leaves the home with the children, Nanny should take a copy of this sheet with her or store the information in her cell phone.

Nanny	
Name:	Cell:
Email:	Other Phone:
Emergency Contact Name, Phone:	
Parents	
Home Address:	Home Phone:
Home City, State:	
Parent 1	Parent 2
Name:	Name:
Cell:	Cell:
Email:	Email:
Work Phone:	Work Phone:
Work Email:	Work Email:
Employer:	Employer:
Work Address:	Work Address:
Children	
Child 1	Child 2
Name:	Name:
Social Sec. No.:	Social Sec. No.:
Date of Birth:	Date of Birth:
Allergies:	Allergies:
Other:	Other:
Other Information	
Alternative Adult Contact:	Phone:
Primary Care Physician:	Phone:
Nearest Hospital:	
Health Insurance Carrier, Policy #:	
Dental Insurance Carrier, Policy #:	
Veterinarian:	Phone:
Police:	Fire Department:
Poison Control:	Towing Company:

Children	
Child 3	Child 4
Name:	Name:
Social Sec. No.:	Social Sec. No.:
Date of Birth:	Date of Birth:
Allergies:	Allergies:
Other:	Other: