

# A - CLASS NANNIES & CAREGIVERS INC.

Suite 208, 3900 Hastings St. Burnaby British Columbia V5C 6C1  
TEL/FAX 604.320.0077 CEL/TXT 604.780.0344  
EMAIL care@aclassnannies.com WEBSITE www.aiclassnannies.com

## **GOAL**

*Our goal is to provide the best referral service in providing nannies, caregivers, babysitters and housekeepers with qualifications that would match with the families' needs.*

## **COMMITMENT**

*We are committed to providing qualified candidates that will perform safe and quality childcare. Our commitment is to provide a service that would satisfy the various requirements and needs of families.*

## **CANDIDATES**

*We have a variety of qualified candidates that are selected based upon experience, maturity and reliability. Our candidates are Teachers, Nurses and Midwives to name a few. Candidates must be able to communicate effectively and express an enthusiasm for providing childcare, elderly care, care for special needs or domestic services, while making a positive contribution to the family. Candidates undergo a thorough screening process, which involves pre-screening interview on the telephone, employment reference verification, personal interview and required minimum experience in childcare, elderly care or care for special needs.*

## **SERVICES**

*We provide a variety of services that include the following:*

- F/T Live-In Nannies and Caregivers*
- F/T & P/T Live-Out Nannies or Caregivers*
- Housekeepers*

*A – Class Nannies Inc. was established in 1997, is licensed nanny and caregiver referral agency.. If you require childcare, adult care or any domestic needs, please call us anytime and we will be happy to accommodate your family. Please leave a message in our answering machine and we will call you back as soon as possible even on weekends, holidays and after office hours.*

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## CLIENT INTAKE FORM

### Employment Required:

Full-Time  Part-Time  Temporary  Short-Term  Other: \_\_\_\_\_

### Position Required:

Live-In Nanny  Live-Out Nanny  Housekeeper  Home Support  
 Live-In Caregiver  Live-Out Caregiver  Companion  House Sitter

EMPLOYER INFORMATION	
Name:	
Address:	
Occupation:	
Home Telephone:	Work Telephone:
Cellular Phone:	Fax Number:
Email Address (if applicable)	
Spouse's Name:	
Occupation:	
Work Telephone:	Pager:
Cellular Phone:	Fax Number:
Email Address (if applicable)	

FAMILY COMPOSITION			
Please provide the list of name(s) of the people living in the home			
Names	Relationship	Age	Gender

DESCRIPTION OF WORK ENVIRONMENT		
Description of Home		
Location:		
<input type="checkbox"/> City Center	<input type="checkbox"/> Suburban	<input type="checkbox"/> Urban <input type="checkbox"/> Rural Area
Type:		
<input type="checkbox"/> Detached House	<input type="checkbox"/> Town House	<input type="checkbox"/> Duplex <input type="checkbox"/> Low Rise <input type="checkbox"/> High Rise <input type="checkbox"/> Condominium
Size of home in sq ft:	Number of rooms:	Number of floors:
Is the home accessible by public transit?	If yes, distance of home from bus stop?	
Are there smokers in the home?	If yes, smoking permitted in the home?	
Indicate household pet(s):	Caregiver will provide care for pet(s)?	

<b>WORK SCHEDULE</b>		
<b>For Full-Time Position</b>		
Hours of work per day:	Start of work:	End of work:
Hours of work per week:	Days of work per week:	Indicate days-off per week:
If spilt shift is required indicate the time:	From                      To	From                      To
Would there be need for occasional baby-sitting?	If yes, what days you would usually require?	What time will you usually require?
<b>For Live-In Position</b>		
Size of room in sq ft:	Is private bathroom provided?	Driver's License required?
<b>For Part-Time Position</b>		
Indicate the days needed:		Indicate the hours needed:
<b>WAGES</b>		
Gross wage per hour:	Gross wage per month:	Weeks of vacation paid per year:
_____	_____	_____
Start date: _____	Term of Contract: _____	O/T rate per hour: _____
_____	_____	_____
<b>BENEFIT</b>		
Medical Benefits: Yes No	Dental Benefits: Yes No	Sick Benefits: Yes No
Telephone: Yes No	Access to Car: Yes No	Others:

### **JOB DESCRIPTION**

<b>Childcare:</b>	
Indicate each child's activities (days & times):	
Any of the family members have allergies:	Indicate the name of family member and the source of allergies:
Any of the family members are on medication?	Will caregiver be required to administer medication?
If yes, indicate name of the member and type of medication:	
Any of the family members on special diets?	Indicate the name of the family member and the type of diet required:
Indicate childcare responsibilities:	

Elderly Care and Care for Special Needs:		
Any of the family members have allergies:	Indicate the name of family member and the source of allergies:	
Any of the family members are on medication?	Will caregiver be required to administer medication?	
If yes, indicate name of the member and type of medication:		
Any of the family members on special diets?	Indicate the name of the family member and the type of diet required:	
Indicate physical limitations:		
Would there be lifting involve?	If yes, indicate the weight of the person:	Is there lifting equipment?
Indicate Elderly care or care for Special Needs responsibilities:		

**HOUSEKEEPING DUTIES**

- |                                    |                                       |                                  |   |
|------------------------------------|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Vacuuming | <input type="checkbox"/> Dish Washing | <input type="checkbox"/> Laundry | <input type="checkbox"/> Kitchen Clean-up |
| <input type="checkbox"/> Sweeping  | <input type="checkbox"/> Dusting      | <input type="checkbox"/> Ironing | <input type="checkbox"/> Setting Tables   |

Indicate other general housekeeping duties:

**ADDITIONAL COMMENT**

This Employment Offer has been signed in the city of:	
The province of:	
<b>SIGNATURE:</b>	<b>DATE:</b>