



EAGLE LANDING

A T O A K L E A F P L A N T A T I O N

NANNY FORM

Member Name: _____

Contact Number: _____ Member #: _____

Nanny's Name: _____

Contact Number: _____

Schedule: Mon _____
Tue _____
Wed _____
Thu _____
Fri _____
Sat _____
Sun _____

Nanny has Charging Privileges: Yes _____ No _____

Photo taken: Yes _____ No _____ Appt Set _____

- Nannies are permitted when accompanying a member's child/children. Guest fees will apply to the Nanny for any other visits and guests of the Nanny will not be permitted unless authorized by the Member and the appropriate guest fees paid. Please give notice if the Nanny will be attending on days other than those noted.

Member Signature: _____

Date: _____