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NANNY/FAMILY AGREEMENT

The family and nanny must complete this agreement, sign it and forward a copy to us. We will keep it in your file. This should be reviewed carefully. It provides a good basis for a mutual understanding of the nanny position and the expectations of the job. If you have any questions or need any help, please call us at 610-645-6550. We would be happy to help you in any way.

Employer Name _____

Nanny Name _____

Names of children	Birth date	Others in house full or part time nanny not responsible for:	Birth date/ Relationship

Both parties agree to a one year commitment from _____ to _____

Both parties agree to give _____ weeks notice before job termination.

Both parties agree to revisit renewing this one year commitment _____ weeks before the year has ended.

If nanny fails to give agreed notice, then nanny authorizes family to hold one week's salary.
_____ (check)

If family fails to give agreed notice, then family agrees to give Nanny one week's salary:
_____ (check)

Duties and Responsibilities

Please check all that apply:

<input type="checkbox"/> Transport children	<input type="checkbox"/> Tidy kitchen and play room or family room
<input type="checkbox"/> Children's laundry	<input type="checkbox"/> Iron children's clothes
<input type="checkbox"/> Children's meals and clean up	<input type="checkbox"/> Dust, vacuum children's rooms and bathroom
<input type="checkbox"/> Care of pets. Be specific:	<input type="checkbox"/> Change children's bed linens
<input type="checkbox"/> Accompany family on outings	<input type="checkbox"/> Other duties:
<input type="checkbox"/> Travel with family	
<input type="checkbox"/> Grocery shopping	
<input type="checkbox"/> Errand running	
<input type="checkbox"/> Empty dishwasher	

Do you have a housekeeper to do heavy cleaning? _____ How often? _____

Schedule

Nannies work 5 days on with two consecutive days off per week--Fill in times:

Day	Start	to	Finish
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	
Sunday		to	

Describe any variations, exceptions or flexibilities needed. It is important to be specific.

Compensation Package

Check if yes or indicate number where appropriate. (Specifics are discussed below)

Gross salary will be (weekly)		Day of week to be paid	
Number of sick days		Number of paid vacation days	
Number of unpaid sick days		Number of unpaid vacation days	
Health benefits/Start Date: _____		Number of paid holidays	
Car availability off duty		Number of unpaid holidays	

Vacation: Vacation is usually taken while family is taking their vacation. How will vacation time be determined? _____

Approximate vacation dates: _____ How is it handled if family takes more vacation time than nanny receives? (Typically for full time, she still receives salary) _____

If nanny travels with family, will how will hours and duties change? _____

Holidays: Paid holidays are: _____

(Usually New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas)

Unpaid holidays are: _____

Extra Time/Duties Worked: Extra time worked beyond the hours shall be paid in addition to regular salary at a rate of \$_____ per hour. Heavy housework will be paid at an additional rate of \$_____ per hour.

Telephone Usage:

Will there be a private telephone line for the nanny in her room? _____

Who pays for the telephone bill on the private line? _____

How are the long distance calls handled, are they deducted from the nanny's paycheck or does she pay directly? _____

Meals/Supplies

Is the nanny expected to bring/buy her own meals or does the family provide for this? _____

Is the nanny expected to bring her own supplies or does the family provide for this? _____

Car Usage

Nanny will transport children in car supplied by family _____ or nanny _____. (check)

Information on car supplied by nanny for job related duties:

Make of car	License Tag Number
Model of car	Year
State of Registration	Insurance Company
Coverage for all passengers	Compensated for car use _____ ¢ per mile

If nanny has an accident during job related usage, who pays the deductible on the insurance? _____

Amount of deductible \$ _____

If nanny has accident with family's car during leisure time, who pays the deductible? _____

Amount of deductible \$ _____

If nanny uses family's car for personal use, she will reimburse family at _____ ¢ per mile.

Nanny has been instructed on proper use of the car seat(s). _____ (check)

Child Care

How are limits set and in what instances.	
Special needs. Please be specific.	
Children's sleep habits.	
Children's eating habits.	
Children's emotional habits.	
How to handle tantrums.	
Specific instructions on planning activities.	
Music, television, video rules for children.	
How to handle crying.	

Meetings and Discussions

Topics:

When

Children's activities	
Children's growth and development	
Nanny's job performance	
Family/Nanny relationship	
Job structure	
Salary review	
Contract review (usually 30 days and 90 to 180 days later)	

Household Rules and Miscellaneous

Agreement concerning social/family visitors for the nanny in the family's home _____
 Airfare arrangements (where applicable) _____
 Phone greeting: _____
 Do you want the nanny to address you by your first name or family name? _____
 Household areas off limits to nanny and children: _____
 Dangerous areas in house/garage/basement/yard: _____
 Has home been childproofed? _____ If no, do you expect nanny to do it? _____
 Procedure to follow if locked out of house: _____
 Will nanny receive a set of house keys? _____
 Will nanny need to set house alarm? _____
 Location of smoke detectors: _____ Location of Fire extinguisher: _____
 Television and music rules for nanny: _____

For live-in nannies:

Artwork allowed on walls of room: _____
 Rearrangement of furniture: _____
 Nanny's quarters are private, family should not enter unless invited or in case of an emergency. _____ (✓ agree)
 Special food items that the nanny may not consume or bring into the home: _____

Emergencies and Health Information

Where are emergency numbers kept?	Should nanny
Emergency escape plan	Method used:
Hospital preference	Medication children take
Preferred transportation to hospital	Medication nanny takes
Number to call parents re: any illness or injury:	Written authorization to give medication:
Location of first aid supplies	Where is the insurance information kept?

Additional Comments:

**We agree that the above has been carefully reviewed and is thoroughly understood.
 We both have received copies of this agreement and sent a copy to The Philadelphia Nanny Network, Inc.**

Nanny _____ -Parent _____
 Date _____ Parent _____
 Date _____