



NANNY NIGERIA INTEGRATED

Job Order – Hotel

Date: _____

\$50.00 Agency fee per day per nanny

Client’s Name: _____ Contact Number: _____

Spouse’s Name: _____ Contact Number: _____

Client’s Home Address: _____

Hotel: _____ Hotel Telephone: _____

Hotel Address: _____ City: _____

Room Number: _____ Name Room Under: _____

Care is for: _____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

Special Needs (i.e. physical disability, behavioral concerns, medication, allergies, etc) _____

Special requests for nanny: (i.e. bring suit to swim with kids) _____

Dates Care Needed

Specific Dates:

_____ from: _____ AM/PM until _____ AM/PM

_____ from: _____ AM/PM until _____ AM/PM

_____ from: _____ AM/PM until _____ AM/PM

_____ from: _____ AM/PM until _____ AM/PM

I hereby authorize charges to the following credit card; permission given by above referenced client.

Type of Card: Master Card _____ Visa _____

Card No. _____ Exp. Date: _____

Name as It Appears on the Card (print) _____

(For Office Use Only)-----

Name of Caregiver	Phone Number	Yes	No	Rate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____