



Rachel's Infant Care

Family Baby Nurse Placement Application

(please print)

Name of Both Parents: _____

Address _____

City _____ State _____ Zip Code _____

Phone no: home: _____

mobile: _____

e-mail address: _____

Occupation of both parents: _____

Due Date: _____

Baby's Name: _____

Other Siblings: _____

Pets? _____

List the things that would be the most helpful to you while your Baby Nurse is in your home?

Will you Be Breast-feeding? _____

How Many Days do you want a Baby Nurse For? _____

How did you hear about our services? _____

The Baby Nurse will not give medical advice or treatment to baby, mother, or any one else. We are not Qualified to give such advice.

Rachel's Infant Care is a Baby Nurse Placement Agency. We charge a \$300.00 placement fee that is non-refundable. This fee insures you will have a baby nurse at the date you requested whether your baby arrives early, on time or late.

You reimburse the Baby Nurse \$ _____ a mile round trip. (to and from your home)

There is an eight (8) day minimum which you will be charged \$ _____ per day to be payed in prearranged increments or on completion of the time requested. If you have a toddler that is not included in the agreed price and you choose to have your Baby Nurse care for your toddler you will be charged an extra \$50 a day. Your Baby Nurse is not a maid. Baby Nurses job description is in our brochure. If you choose to have her do heavy housework like cleaning the bathrooms every day, please contact Rachel's Infant Care for additional charges.

We the Parents will not sue the Baby Nurse or Rachel's Infant Care if an accident occurs while the Baby Nurse is in our home.

Signature of both Parents:

_____ **Date:** _____

I the Baby Nurse will do my best to meet the needs of the mother and baby while they are in my care, and do everything in my power to give the *best care* to their complete satisfaction.

Signature of Baby Nurse:

_____ **Date:** _____

Placement Agent:

_____ **Date:** _____

Make checks payable to Rachel's Infant Care. Send placement fee and application to:

**P.O. Box 4
Trion, GA 30753**

Call any time: 866.727.4729