

Client Profile for Wee Care 4 Kidz
Please fax: 530-582-9010

Name: _____ Date of Service: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Location of Service: _____

Hours of Service:

From: _____ am pm

To: _____ am pm

Children in care:

1. Name: _____ Age: _____
2. Name: _____ Age: _____
3. Name: _____ Age: _____
4. Name: _____ Age: _____
5. Name: _____ Age: _____

Name of Card Holder: _____

Billing Address: _____ Zip _____

Credit Card Number: _____ Visa MC

Exp Date: _____ Three Digit Security Code (back of Card) _____

SIGNATURE _____ DATE _____

Referred By: _____

Follow up profile: Nannies Name _____

Comments: _____

Care Received: Excellent Good Fair Poor