



31 Tapscott Road, P.O. Box 37504, Scarborough, ON M1B 5P9
 Tel: (416) 281-0880 Fax: (416) 283-8162

Prior to engaging Marcy Cares services we kindly ask you to fill out a Customer Profile sheet. Please also fill out the Comments on Service section once service has been completed, or at any time during long-term care. Your satisfaction is important to us!

CUSTOMER PROFILE: CHILD CARE

Name:	
Spouse's Name:	
Address:	
Two major Crossroads:	
Phone:	Cell Phone:
Hospital:	Hospital Phone:
Date of birth:	Weight:
Baby's Name:	Other Name(s):
Physician:	Physician's Phone:
Type of Service: Live In <input type="checkbox"/> Days <input type="checkbox"/> Hourly <input type="checkbox"/> Nights <input type="checkbox"/>	
Duties:	
Comments on Service:	
Please do not proposition worker into personal employment. All pricing and arrangements should be referred to the management of Marcy Cares for discussion. Thanks for your cooperation.	
Signatures:	Date: