

Lüscher's HappyNannies Yes – we are family!

Registration for parents:

Name: _____

Surname: _____

Address: _____

Phone: _____

E-Mail: _____

Number of children: _____

Age of children: _____

Desired care days
per week _____

Desired care hours
per week _____

Date / Signature: _____

Please send the completed form to: