

TOWNSHIP OF LOWER MERION

Department of Parks & Recreation

Nanny/Au Pair/Babysitter/Caregiver Declaration

I _____, employ _____
Employer's Name Employee's Name

as our family's caregiver during the period of _____.
Dates of Employment

He/She resides at _____,
Employee's Address

during the aforementioned period.

Employer's Name

Employer's Address

City State Zip

Employer's Signature

Date