



Name of Au Pair: _____ Social Security Number _____

Country of Origin _____

Dates with Host Family: _____ to _____

Considerations for preparing your au pair's work schedule:

Federal regulations governing au pair programs:

- Au pairs are guests of the United States and a guest in your home. Au pairs duties are limited to the care of the host's children and are not to serve as general housekeepers or assume responsibility for household management. Responsibility for the welfare of children remains with the parents.
- Au pairs may work up to 45 hours a week (up to 30 hrs a week for EduCare); no more than 10 hours per day.
- Au pairs are to receive one and one half days off per week; one complete weekend off each month. Au pairs are to receive two weeks of paid vacation over the course of the year.
- Au pairs are compensated at a weekly rate based upon 45 hours (30 hours for EduCare) and paid in conformance with the requirements of Fair Labor Standards Act as interpreted and implemented by the United States Department of Labor. Au pairs are to receive full room and board; up to \$500 (\$1000 for EduCare) for the cost of educational courses; transportation.
- Under FLSA record keeping regulations governing domestic service employees, the employer is to maintain a record, for 3 years, the name and social security number, the hours worked each week, and total cash wages paid.

The host family is the employer of the au pair and Au Pair in America serves as program sponsor. All parties – au pair, host family and Au Pair in America are obligated to follow Department of State regulations governing the au pair program.

Regulatory references: U.S. Department of State Regulations for Au Pair and Education 22 CFR Part 62.31. U.S. Department of Labor, 29 CFR Part 552.110 Recordkeeping requirements.

Community Counselor _____

Au Pair in America 1-800-928-7247

Au Pair Medical Insurance 1-800-303-8120 ext. 5130

Policy number: AIFS-01-02



Name

Date of Birth

Allergies

Medications

General Information



Name

Date of Birth

Allergies

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Name

Date of Birth

Allergies

Medications

General Information



Name

Date of Birth

Allergies

Medications

General Information

Important phone numbers

Home Phone _____

Mother's Information

work _____ cell _____

Father's Information

work _____ cell _____

Other contacts

name _____ phone _____

name _____ phone _____

name _____ phone _____

name _____ phone _____

name _____ phone _____

School _____

Pediatrician/Doctor _____

Dentist _____

Poison Control Center _____

Ambulance/Hospital _____

Fire Department/Police **911**

Veterinarian _____

Utility Companies _____

