



Application Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

### Providers Information

Your First Name: \_\_\_\_\_ Your Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Main Intersection: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Do you have First Aid and CPR training: Yes No

**IMPORTANT:** Confirmation of your application and the information provided on this form will be sent to this e-mail address.

### Residence Information

Do you have children of your own: Yes No If yes what are there ages: \_\_\_\_\_

Does any other adult live in your home?: Yes No If yes, how many: \_\_\_\_\_

Any smokers in the house?: Yes No Do you have any pets: Yes No

Do you rent or own your own home: Yes No Do you rent any part of your home to tenants: Yes No

Do you live in a basement or upper floor: Yes No Type of dwelling: \_\_\_\_\_

### Hours and Days available to provide Child Care:

Mon Hours \_\_\_\_\_  
(e.g. 7am to 6pm)

Friday Hours \_\_\_\_\_

Tuesday Hours \_\_\_\_\_

Saturday Hours \_\_\_\_\_

Wednesday Hours \_\_\_\_\_

Sunday Hours \_\_\_\_\_

Thursday Hours \_\_\_\_\_

Are you available to attend evening workshops? Yes No

### Applicant' Children Living with You:

1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

3: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

4: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year



Do you have any daycare experience      Yes      No

### Experience

What experience and training do you have that would help you with providing Child Care in your home?

Five horizontal blue lines for text entry.

If you have home-based training, please specify name and date of training.

Three horizontal blue lines for text entry.

Why are you interested in providing licenced Child Care in your home?

Five horizontal blue lines for text entry.

### Preferences

What age of children would you like to provide care for? \_\_\_\_\_

If you are caring for private children, please provide numbers and ages:

- 1. Age of child: \_\_\_\_\_
- 2. Age of child: \_\_\_\_\_
- 3. Age of child: \_\_\_\_\_
- 4. Age of child: \_\_\_\_\_
- 5. Age of child: \_\_\_\_\_



### About Your Area

What community services are in your area? \_\_\_\_\_

Name the nearest community centre \_\_\_\_\_

Name the nearest Library \_\_\_\_\_

Name the nearest Hospital \_\_\_\_\_

What are the nearest school(s) to your home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References

Someone who has left their children with you or knows you well.

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Enter as XXX-XXX-XXX

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Enter as XXX-XXX-XXX

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_  
Month Day Year

### OFFICE USE ONLY

References checked: Yes No Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Home Child Care Consultant's Signature: \_\_\_\_\_