



PROVIDER APPLICATION

DATE OF APPLICATION: _____ SIN # _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE: _____ CELL: _____ E-MAIL ADDRESS: _____

WHAT AREA OF THE CITY DO YOU LIVE IN: _____

YOUR CHILDREN:

NAME: _____ BIRTH DATE: _____ M/F

NAME: _____ BIRTH DATE: _____ M/F

NAME: _____ BIRTHDATE: _____ M/F

NAMES OF OTHERS IN THE HOUSEHOLD (RELATIVES, BOARDERS, ETC.) AND WHERE ARE THEY DURING THE DAY.

REASONS FOR CHOOSING FAMILY CHILD CARE AS AN EMPLOYMENT OPTION:

AN INTERMEDIATE LEVEL OF ENGLISH IS REQUIRED DUE TO INTERACTIONS WITH STAFF, PARENTS AND CHILDREN, REQUIRED TRAINING AND UNDERSTANDING OF REGULATION REQUIREMENTS

EDUCATION

HIGH SCHOOL: _____ POST SECONDARY: _____

CERTIFICATES _____ DIPLOMAS _____ DEGREES _____

LIST COURSES AND/OR TRAINING PERTAINING TO EARLY CHILDHOOD CARE AND DEVELOPMENT:

PARENTING WORKSHOPS: _____ OTHER: _____

DO YOU HAVE A VALID FIRST AID CERTIFICATE _____ ISSUED BY _____ EXPIRES _____

ARE YOU INTERESTED IN CONTINUING YOUR EDUCATION IN EARLY LEARNING AND CHILD CARE? Y__N__



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WORK HISTORY

MOST RECENT EMPLOYER: _____ JOB TITLE _____

DUTIES: _____ REASON FOR LEAVING _____

OTHER RELATED WORK HISTORY: _____

PERSONAL INFORMATION

HOBBIES AND INTERESTS _____

PERSONAL STRENGTHS: _____

DO YOU HAVE A PERSONAL SUPPORT SYSTEM _____ WHO IS YOUR SUPPORT? _____

WHAT TYPE OF DWELLING DO YOU LIVE IN? (APARTMENT, TRAILER, SINGLE FAMILY ETC.)

DESCRIBE THE PLAY AREAS THAT WOULD BE AVAILABLE TO CHILDREN:

INDOOR: _____

OUTDOOR: (fenced yard?____) _____

PLEASE NAME THE PARKS/PLAYGROUNDS IN YOUR AREA THAT YOU WOULD REGULARLY MAKE USE OF.

DOES ANYONE IN YOUR HOME SMOKE _____ IF YES, WHERE DO THEY SMOKE? _____

IS OR CAN YOUR HOME BE PEANUT FREE? _____

DO YOU HAVE PETS: _____ PLEASE LIST: _____

DO YOU HAVE ANY MENTAL, EMOTIONAL, PROBLEMS WHICH MAY AFFECT YOUR ABILITY AS A FAMILY DAY

HOME PROVIDER? YES: _____ NO: _____ IF YES - PLEASE STATE: _____

YOU'RE DOCTORS NAME: _____ DATE OF LAST PHYSICAL _____



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HAVE YOU OR ANY ONE IN YOUR HOME EVER BEEN INVOLVED WITH ANY CHILD WELFARE MATTER?

YES: _____ NO: _____ IF YES, PLEASE DESCRIBE THE SITUATION AND HOW INVOLVED.

HAVE YOU OR ANY ONE IN YOUR HOME EVER BEEN INVOLVED IN ANY CRIMINAL ACTIVITY? YES/NO

WHAT IS YOUR MARITAL STATUS? SINGLE _____ MARRIED _____ WIDOWED _____
DIVORCED _____ COMMON LAW _____ SEPARATED _____

NAME OF SPOUSE/PARTNER: _____

PLACE OF EMPLOYMENT: _____

OCCUPATION: _____ HOURS OF WORK: _____

I HEREBY GIVE MY PERMISSION TO HAVE A BUSINESS/ JOB RELATED AND CHARACTER REFERENCE CHECK:

APPLICANT SIGNATURE: _____

SPOUSE/PARTNER SIGNATURE: _____

PROFESSIONAL INFORMATION

YOUR PHILOSOPHY OF CHILD CARE IS: _____

YOUR CHILD MANAGEMENT STRATEGIES INCLUDE: _____

TYPICAL DAILY ACTIVITIES INCLUDE: _____

SAMPLE LUNCH WOULD INCLUDE: _____

SAMPLE SNACK WOULD INCLUDE: _____



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RULES OF YOUR HOME (RELATED TO CHILDREN) _____

HAVE YOU ANY SPECIAL EQUIPMENT FOR YOUNG CHILDREN: (TOYS, FURNITURE, GATES)

DO YOU HAVE A TELEPHONE WITH: AN ANSWERING MACHINE? ___ VOICE MAIL ___,

YOU WILL ALSO NEED AN APPROPRIATE VOICE MESSAGE FOR YOUR BUSINESS. _____

WILL YOU BE TRANSPORTING CHILDREN IN YOUR VEHICLE? Y ___ N ___

NAME OF INSURANCE COMPANY _____ AMOUNT OF 3RD PARTY LIABILITY _____

PLEASE LIST THE DAYS AND HOURS YOU ARE AVAILABLE TO PROVIDE CHILD CARE.

DAYS: _____ HOURS : _____ SHIFT WORK: Y ___ N ___ WEEKENDS: Y ___ N ___

PLEASE STATE THE NUMBER AND AGES OF CHILDREN YOU WISH TO CARE FOR: _____

ARE YOU WILLING TO PROVIDE CARE FOR CHILDREN WITH SPECIAL NEEDS _____

PLEASE PROVIDE 3 REFERENCES (NON RELATIVE) FROM PERSONS YOU HAVE PROVIDED CHILD CARE FOR. (ONE MAY BE A PERSONAL REFERENCE) Please provide both home and work phone numbers.

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



PROVIDER APPLICATION

Questions For Other Adults Living In The Home

Standards for Family Day Homes are set by Provincial Law, and are geared to the safety of children being cared for in the home. During the screening process Agency personnel are required to meet every person residing in the home and to interview all adults living in the home. Following are some things to think about and some questions to be answered by: Spouses, Partners, Boarders, and Roommates.

Date: _____ Name: _____

Relation to the Provider Applicant; _____

Name of Provider Applicant: _____

When child care takes place in a private residence it affects all who live in that home. You may be affected by things like crying babies or children who are curious and may want to play with or touch everything they see or children who are experiencing problems with aggression.

Do you see yourself as being a support to this Day Home? Y___ N___

Safety – (Protection of the children)

tools, equipment, kept out of children's' reach

- making sure hazardous items are put away after use (gasoline, herbicides, pesticides)
- Shaving equipment, dish soap, medications, returned to locked cupboards after use.
- replace plug in covers after using the outlet

If you are home during times children are in care where do you prefer to be and what do you prefer to be doing:

Safety – (Your protection)

Does crying bother you? - Where do you go and what do you do? _____

- If you work shifts and are sleeping during the day what is an appropriate dress code?
-

If you want to watch TV or play video games etc. Does this happen in areas occupied by the children? _____ is it age appropriate? _____ (TV is not recommended for children under 2 yrs.)

- If you like to interact with the children, in what way does this happen?
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