



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



Provider's Application

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?

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

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

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: _____



Provider's Application

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: _____