



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

## Providers Information

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

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

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

Type of Dwelling;  Apt/Condo  Townhouse  House  Floor Number \_\_\_\_\_

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

Email: \_\_\_\_\_

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

## Hours and Days available to provide Child Care:

- Monday Hours \_\_\_\_\_ (e.g. 7am to 6pm)
- Tuesday Hours \_\_\_\_\_
- Wednesday Hours \_\_\_\_\_
- Thursday Hours \_\_\_\_\_
- Friday Hours \_\_\_\_\_
- Saturday Hours \_\_\_\_\_
- Sunday 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



# APPLICATION

to Provide Home Child Care



## Experience

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

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

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

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## 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?

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

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## 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: \_\_\_\_\_