

Provider Application Form

Provider Personal Information:

First Name:

Last Name:

Gender:

Date of Birth:

Languages:

Phone/Cell Number:

Email Address:

Address:

Unit:

City:

Province:

Postal Code:

Closest main intersection:

Years at address:

Emergency Contact Name:

Emergency Contact Phone:

Relationship To Provider:

Childcare Experience:

Why do you want to become a home childcare provider:

What childcare experience do you have:

Are you currently providing care for any children in your home? If so, how many children? What are the children's ages?:

List previous/relevant work experience:

Are you a Registered Early Childhood Educator (RECE)?:

Yes

No

Do you have Standard First Aid certificate and CPR Level C?:

Yes

No

Home Daycare:

What hours are you interested in working?: Full-Time Part-Time
What working hours do you prefer?: Days Evenings Weekends Overnights

What age group of children do you prefer to care for? :

What are the closest schools to your home:

Are you comfortable picking up and/or dropping off children from school (before & after school care)?: Yes No

Type of Home: House Apartment Townhouse Other:
Is the Home: Own Rent
If you are renting, is the Landlord aware that you wish to provide home childcare? Yes No

Are your outdoor areas fenced? Yes No N/A
Do you have a pool? Yes No
Do you have pets? Yes No

If Yes, what types of pets:
Does your home have an apartment/unit with tenants? Yes No
If Yes, is there a locked door between units/apartments or separate entrances?: Yes No

Are there any individuals who live in the home that are under the age of 13 years old?

First Name:	Last Name:	Date of Birth:	Relationship to Provider:

Are there any other individuals who live in the home that are over the age of 13 years old?

First Name:	Last Name:	Date of Birth:	Relationship to Provider:

Does anyone living in the home smoke?

Yes

No

Does anyone living in the home have a criminal record?

Yes

No

If Yes, please elaborate:

References:

Please provide 4 references (i.e., friend, neighbour, family member who is not living with you, previous employer, etc.):

First Name:	Last Name:	Date of Birth:	Relationship to Provider:

Consent:

I attest that the information I provided in this application is true, and agree that the agency may verify this information and contact the listed references.

Signature:

Date:

Please email the completed application form to the agency at daisybluechildcare@gmail.com and we will provide you with details regarding the next steps in the provider application process.