



172 QUEEN ST., COBOURG, ONTARIO K9A 5P6
(905) 372-2143 FAX: (905) 372-2441

APPLICATION FOR HOME CHILD CARE PROVIDER

Name: _____ Phone#: () _____ - _____

Address: _____ City: _____ Postal Code: _____

Marital Status: ____ Spouse / Significant Other's Name: _____

Place of Employment: _____

Hours of work: _____ Business Phone#: () _____ - _____

Do you have any children? Yes / No? If yes completed below:

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____
(D / M / Y)

Does anyone else reside in your home? Yes / No? Who? _____

Are they over 18 years of age? Yes? No?

Do you smoke? Yes / No? Does anyone residing in your home smoke? Yes / No?

Pets:

Do you have any Pets? Yes / No? What? _____

Pet(s)'s last immunization date: _____

Child Care Experience:

Why do you want to provide child care in your home? _____

Have you provided child care in your home before? Yes ? No ?

Please list experience: _____

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Are you currently providing child care for children? Yes / No?

If yes, please list names and ages: _____

Do you have any other training related to child care? Yes? No? If so what: _____

Do you have any First aid and / or CPR training? Yes? No?

Details: _____

Other work experience:

What types of activities do you play to offer the children in your care?

Normal television viewing in your home is: Hours? _____

Programs: _____

Home Environment: House ____ Apt. ____ Townhouse ____

What areas will be available for the children: _____

Please list any equipment available. (toys, crib, playpen, highchair, stroller, etc.)

Outdoor Areas:

Fenced? Yes? No?

Do you have any play structures? Yes? No?

If yes, do the play structures meet the Canadian Playground Safety Standards? Yes? No?

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Do you have a pool? Yes? No? If yes, is pool accessible to children? Yes? No?

Closest park(s)? _____

Closest Library? _____

Closest public / separate school: _____

Your child's school: _____

Closest Hospital: _____

Are you willing to complete a fire inspection of your home? Yes? No?

Are you prepared to complete the appropriate criminal reference checks and Children's Aid Society Investigation for yourself and anyone 18 years or older residing in your home? Yes? No?

Do you plan to transport children in your vehicle? Yes? No? If yes, you will need to submit a valid Certificate of Insurance.

Are you willing to attend workshops to enhance your position as a home child care provider? Yes? No?

Why do you wish to join our agency? _____

How did you hear about Cook's Home Child Care Agency? _____

References: Please provider 3 references - friends, neighbours, co-worker but not related.

1. Name: _____ Day Phone: _____ - _____ - _____

Known _____ yrs. Relationship: _____ Address: _____

2. Name: _____ Day Phone: _____ - _____ - _____

Known _____ yrs. Relationship: _____ Address: _____

3. Name: _____ Day Phone: _____ - _____ - _____

Known _____ yrs. Relationship: _____ Address: _____

In the event of an emergency, are there any persons such as relatives or neighbours who would substitute for you and care for the children in your home? Yes? No?

If yes, please list their names and address. The person(s) are required to have a police and children's aid society background check before doing emergency care for you.

1. Name: _____ Day Phone: _____ - _____ - _____

Address: _____

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2. Name: _____ Day Phone: _____ - _____ - _____
Address: _____

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Medical Data:

Doctor's Name: _____ Phone Number : _____ - _____ - _____

Address: _____

Do you have any physical limitations that would interfere with caring for young children in your home? Yes? _____ No? _____

If yes, please specify: _____

Are you prepared to submit a medical assessment from your doctor before children can be placed in your home? Up-to-date copies of immunization records of your spouse / significant other normally in your home during hours of possible child care and your own children must be submitted to the agency. Yes? No?

When would you be able to start providing home child care? (D) _____ (M) _____ (Y) _____

Circle the days of the week you would be available to provide care:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

During what hours of the day are you available? From: _____ To: _____

Are you willing to do shift care? Yes? _____ No? _____

Are you willing to work extended hours? Yes? _____ No? _____

Would you like to care for infants? Yes? _____ No? _____

Do you have an age preference for the children in your care? _____

I certify that the information I have supplied on this application is correct, and agree that Cook's Home Child Care Agency may further investigate or verify this information and contact the references listed above in connection with my proposed relationship with this agency.

Applicant's Signature: _____ **Date:** (D) _____ (M) _____ (Y) _____

<p>For Office use only:</p> <p>Application received on: _____ / _____ / _____ Initial inspection visit on: _____ / _____ / _____ <small>D / M / Y</small> <small>D / M / Y</small></p> <p>Home officially approved by Cook's Home Child Care Agency. _____ / _____ / _____ <small>D / M / Y</small></p> <p>Ages & spaces available: _____</p> <p>Signed: _____ Home Visitor / E.C.E. Consultant</p>
