

YORK *Care & Education* PROFESSIONAL

APPLICATION TO PROVIDE LICENSED HOME CHILD CARE

To be completed after approval

Name	Telephone No.	
Address	City	Postal Code
Main Intersection		

D.O.B. _____
Marital Status _____
S.I.N. _____
Date of approval _____

OTHERS IN THE HOUSEHOLD

Name	<i>Date of birth for children only</i> D.O.B.	Sex	Relationship	Check if home during Day Care hours ✓
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

What languages do you speak in the home? _____

Are you presently caring for any children other than your own? Yes ☐ No ☐

If yes, please identify by *first name only* and age: _____

DESCRIPTION OF YOUR HOME ENVIRONMENT

Is this a non-smoking home? Yes ☐ No ☐

Do you or any member of your family smoke? Yes ☐ No ☐

Do you have any pets? Yes ☐ No ☐ If yes, what kind? _____

What is the date of your pet's last immunization? _____

Type of home: House ☐ Apartment ☐ Townhouse ☐ Semi-detached ☐

Please list areas of your home available to the children: _____

Would you be willing to have a fire inspection? Yes ☐ No ☐

Has your home been child-proofed? Yes ☐ No ☐

If not, what changes will you have to make to ensure a safe environment? _____

Describe your outdoor play area: _____

Is it fenced? Yes ☐ No ☐

Describe the toys and activities you have available for the childrens' use: _____

YOUR NEIGHBOURHOOD

Closest Park: _____ Closest School: _____

CHILD CARE EXPERIENCE

Have you taken any courses relating to early childhood education? Yes ☐ No ☐

List courses: _____

Do you have a current First Aid Certificate? Yes ☐ No ☐

Would you be willing to attend our *Training Seminars and regular workshops*? Yes ☐ No ☐

Please describe your experience in caring for children: _____

Reasons for wanting to provide Home Child Care: _____

Why do you wish to join an Agency? _____

How did you learn of York Professional Care & Education? _____

Are you prepared to care for infants 6 mo. -18 mo.? Yes ☐ No ☐ Toddlers 18 mo. - 30 mo.? Yes ☐ No ☐

What *hours/days* are you available to provide care? _____ A.M. to _____ P.M. M T W T F

GENERAL INFORMATION

Is there someone (such as a neighbour) who could assist you in case of an emergency?

Name: _____ Telephone No. _____

REFERENCES

*Please list the names, addresses and phone numbers of **THREE** people who have known you for more than 2 years and can tell us about your suitability for working with children (**excluding relatives**).*

Name	Address	Telephone No.	Position/Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A \$25 REGISTRATION FEE IS REQUIRED WITH THIS APPLICATION

(After your references are checked and the Consultant provides you with a Safety Inspection of your home, the Registration Fee is non-refundable.)

Date: _____ **Signature** _____

Thank you for completing this application and for your interest in contracting with York Professional Care & Education to become a licensed Provider.