

## Provider Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
# Of years at this address: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Email: \_\_\_\_\_

Are you eligible to work in Canada? Yes / No      SIN #: \_\_\_\_\_      RECE #: \_\_\_\_\_

Do you own your house? Yes / No      If no, do you have approval to run a childcare? Yes / No

Type of House: Stand alone    Townhouse    Condo    Apartment: main level / Basement

Do you have a current driver's license? Yes / No      Driver's license #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_      Liability coverage: \$ \_\_\_\_\_

Language Spoke: \_\_\_\_\_      Previous Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_      Spouse's Name: \_\_\_\_\_      Spouse's Occupation: \_\_\_\_\_

Do you have children? Yes / No      If Yes, please fill out below:

Name: \_\_\_\_\_      Gender: M / F      Birthdate: \_\_\_\_\_

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Name: \_\_\_\_\_      Gender: M / F      Birthdate: \_\_\_\_\_

Does anyone else live in your home? Yes / No      If Yes, Who: \_\_\_\_\_

Do you have anyone living in an apartment in your house: Yes / No      Who? \_\_\_\_\_

Do you Smoke: Yes / No      Spouse: Yes / No      Others: Yes / No

Do you have pets: Yes / No      What Kind? \_\_\_\_\_      Pet's last Immunization date: \_\_\_\_\_

Daycare experience :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for wanting to provide child care:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Home Childcare Agency

Do you currently have child in your care: Yes / No If Yes, how many and ages?

\_\_\_\_\_

Other child related Work Experience:

\_\_\_\_\_

Do you First Aid and CPR C (infant and children)? Yes / No Expiry date: \_\_\_\_\_

Age group preference? \_\_\_\_\_ Full Time Yes / No Hours of operation \_\_\_\_\_

If Part time, what days? \_\_\_\_\_ Hours of operation \_\_\_\_\_

**Name of Home childcare business:** \_\_\_\_\_

What type of activities would you plan for children in your care?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your home been child-proof? Yes / No What changes will you have to make?

\_\_\_\_\_  
\_\_\_\_\_

List the areas of your home that will be available to children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any equipment that you may have available to use (toys, cribs, play pen, high chair, stroller etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outdoor Areas: Are they fenced? Yes / No If no, will they be? Yes / No Do you have a pool? Yes / No

Closet Park(s): \_\_\_\_\_ If you have children what school do, they attend? \_\_\_\_\_

Do you have a Vulnerable Sector check for everyone in your home hold? Yes / NO Please provide original copies

Why do you wish to join an agency?

\_\_\_\_\_

How did you hear about Friends Forever Home Childcare?

\_\_\_\_\_

**Friends  Forever**  
Home Childcare Agency

References: We require 4 reference – a friend, a neighbour, a close family member (not living with you) & a work related

1) Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

3) Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

4) Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Please Provide Resume and attach to application**