



Family Space Quinte Inc.

Licensed Home Child Care Program

APPLICATION TO PROVIDE LICENSED HOME CHILD CARE

Please complete all questions.

A. CAREGIVER PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (Home): _____

Are you 18 years of age or older? Yes No

Are there any adult(s) (18 years of age and over) living in your home? Yes No

If "Yes", please indicate the name of the adult and his/her relationship to you.

| Name | Relationship |
|---------|--------------|
| • _____ | _____ |
| • _____ | _____ |
| • _____ | _____ |

Are there any children (under 18 years of age) living in your home? Yes No

If "Yes", please indicate the name of the child and his/her date of birth

| Name | Date of Birth |
|---------|---------------|
| • _____ | _____ |
| • _____ | _____ |
| • _____ | _____ |

Are you currently privately caring for children in your home? Yes No

If "Yes", please indicate name of the child and his/her date of birth.

| Name | Date of Birth |
|---------|---------------|
| • _____ | _____ |
| • _____ | _____ |
| • _____ | _____ |

B. AGE CATEGORY AND NUMBER OF CHILDREN PREFERRED

Please indicate the age category and number of children you would prefer.

- Infants (up to 2 years) _____ Preschoolers (2 years and up) _____
(Maximum: 2 children under age of 2) (Maximum of 3 children under age of 3)

Indicate schools and addresses within bussing and walking distance of your home.

| School | Address |
|---------|---------|
| • _____ | _____ |
| • _____ | _____ |
| • _____ | _____ |

C. PLEASE DESCRIBE YOUR EXPERIENCE WITH CHILDREN

D. YOUR PERSPECTIVE ON CARING FOR CHILDREN

As a caregiver what do you think a child needs from you each day?

How would you go about meeting these needs?

How do you view the relationship between you and the Home Visitor of Family Space Quinte Inc.?

Describe your reasons for wanting to become a caregiver registered with our licensed home child care program?

E. EMERGENCY REPLACEMENT

During times of an emergency or personal appointments, an alternative person, known to you, must be available to come to your home to care for the children. The adult you name should, in your opinion, be capable of providing appropriate care. Please identify the alternate caregiver.

Name of Alternative Person: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (Home): _____

F. INFORMATION

I certify that all the information provided in this application is accurate and complete to the best of my knowledge, and I understand that intentionally providing false information could result in refusal of my application or termination of my Licensed Home Child Care contract with Family Space Quinte Inc.

Signature

Date
