



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

HOME CHILD CARE PROVIDER APPLICATION

Applicant

| | | | |
|----------------|---------------------------------|---------------------|-------------|
| Name: | Phone#: () - | | |
| Email Address: | | | |
| Home Address: | Street, Rural Route, Box Number | City, Town, Village | Postal Code |

Others in the Home

Are there any other **adults** ordinarily in the home when you will be providing care? Please list name, birthdate and relationship to you. Persons 18 and over must consent to completing a criminal reference check with Police Services and the Children's Aid Society and agree in writing to adhere to the behaviour management policy of Cook's School Day Care Inc. Please use another paper if necessary.

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|--|----------------|----------------|------|--|-----|-------|------|--|-----|-------|------|
| Name: | Name: | Name: | | | | | | | | | |
| Date of Birth: | Date of Birth: | Date of Birth: | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">day</td> <td style="width: 25%; text-align: center;">month</td> <td style="width: 25%; text-align: center;">year</td> </tr> </table> | day | month | year | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">day</td> <td style="width: 25%; text-align: center;">month</td> <td style="width: 25%; text-align: center;">year</td> </tr> </table> | day | month | year | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">day</td> <td style="width: 25%; text-align: center;">month</td> <td style="width: 25%; text-align: center;">year</td> </tr> </table> | day | month | year |
| day | month | year | | | | | | | | | |
| day | month | year | | | | | | | | | |
| day | month | year | | | | | | | | | |
| Relationship: | Relationship: | Relationship: | | | | | | | | | |

Do you have children of your own under 18 years who may be in the home while care is being provided? Please list. Please use another paper if necessary.

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|--|----------------|----------------|------|--|-----|-------|------|--|-----|-------|------|
| Name: | Name: | Name: | | | | | | | | | |
| Date of Birth: | Date of Birth: | Date of Birth: | | | | | | | | | |
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| day | month | year | | | | | | | | | |
| day | month | year | | | | | | | | | |

Smoking

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

Pets

Do you have pets? Yes No What?

You must provide proof that all pets' immunizations are up-to-date.

Child Care Experience & Training

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

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Have you provided child care in your home before? Yes No If yes, complete:

Please list experience or provide resume:

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Are you currently providing child care for children? Yes No If yes, complete:

| | | |
|----------------------------------|----------------------------------|----------------------------------|
| Name: | Name: | Name: |
| Date of Birth: (D) (M) (Y) | Date of Birth: (D) (M) (Y) | Date of Birth: (D) (M) (Y) |

Please use another paper if necessary.

Do you have other training related to child care? Yes No If yes, complete:

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Do you have Standard First Aid and CPR training? Yes No If yes, provide:

Proof of current certification which includes the training organization and the expiry date

Other Work and Leisure Experience

Have you had other work experiences? Yes No If yes, explain:

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

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COOK'S HOME CHILD CARE AGENCY – PROVIDER APPLICATION

Normal television viewing in your home is: Hours? Please indicate programs:

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Home Environment

Single-Family Dwelling Apartment Townhouse Other, specify _____

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

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What areas are available for the children to play and learn indoors?

| <u>Indoors</u> | <u>Outdoors</u> |
|----------------|-----------------|
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Outdoor Areas

- Is the outdoor play space fenced? ○ Yes ○ No

- Do you have play structures? ○ Yes ○ No **If yes...**

- Do the outdoor play structures meet the Canadian Playground Safety Standards? ○ Yes ○ No

- Do you have a pond, recreational in-ground / above-ground swimming pools, portable "kiddie" or inflatable wading pools, hot tub, hydro massage pool, or spas? ○ Yes ○ No **If yes to any...**

How will you keep the children away from these standing bodies of water to comply with Ministry and agency regulations?

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COOK'S HOME CHILD CARE AGENCY – PROVIDER APPLICATION

Community Attractions and Services

| | |
|--------------------------|----------------------|
| Closest parks? | Closest library? |
| | |
| | |
| Closest public school? | Your child's school? |
| | |
| | |
| Closest separate school? | Closest hospital? |
| | |
| | |

Ministry and Agency Requirements and Recommendations

Are you prepared to complete criminal reference checks with Police Services (including vulnerable sector search) and Children's Aid Society? Yes No

Are other adults normally resident in your home prepared to complete criminal reference checks with Police Services (including vulnerable sector search) and Children's Aid Society? 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

Medical Data

| | | | |
|-------------------|---------------------------------|-----------------------|-------------|
| Physician's Name: | | Phone#: () - | |
| Address: | | | |
| | Street, Rural Route, Box Number | City, Town, Village | Postal Code |

Other Information

Why do you wish to join our agency?

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COOK'S HOME CHILD CARE AGENCY – PROVIDER APPLICATION

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

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References - Please provide 3 references - friends, neighbours, coworker, etc., but not related.

| | | | |
|--------------|---------------------------|-------|-----|
| Name | Day Phone#: () - | Known | yrs |
| Relationship | Address | | |
| Name | Day Phone#: () - | Known | yrs |
| Relationship | Address | | |
| Name | Day Phone#: () - | Known | yrs |
| Relationship | Address | | |

Substitute for You in Case of Emergency

In the event of an emergency, is there anyone (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 people are required to have a police check including vulnerable sector search and children's aid society check before doing emergency care for you.

| | |
|---------|---------------------------|
| Name | Day Phone#: () - |
| Address | |
| Name | Day Phone#: () - |
| Address | |

Your Health

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

If yes, please specify below.

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Are you prepared to submit a medical assessment from your doctor before children can be placed in your home? Yes No

Up-to-date copies of immunization records for others normally in your home during hours of child care including your own children must be submitted to the agency.

COOK'S HOME CHILD CARE AGENCY – PROVIDER APPLICATION

Your Availability

When would you be able to start providing home child care?

| | | |
|-----|-------|------|
| | | |
| day | month | year |

Indicate the days of the week and hours you are available to provide care:

| | | | | | | | | | | | | | |
|------------------------------|----|-------------------------------|----|---------------------------------|----|--------------------------------|----|------------------------------|----|--------------------------------|----|------------------------------|----|
| <input type="radio"/> Monday | | <input type="radio"/> Tuesday | | <input type="radio"/> Wednesday | | <input type="radio"/> Thursday | | <input type="radio"/> Friday | | <input type="radio"/> Saturday | | <input type="radio"/> Sunday | |
| From | To | From | To | From | To | From | To | To | To | From | To | From | To |
| | | | | | | | | | | | | | |
| am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm |

Are you willing to do shift care? Yes No

Are you willing to work extended hours?
 More than 12 hours in a day, during evening hours (including overnight care), weekends. Yes No

Age Preferences

Would you like to care for infants? Yes No

Do you have an age preference for the children in your care? Yes No

If yes, specify below.

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APPLICANT'S DECLARATION

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

| | | |
|-----|-------|------|
| | | |
| day | month | year |

OFFICE USE ONLY

Date application received

| | | |
|-----|-------|------|
| | | |
| day | month | year |

Date of initial inspection visit

| | | |
|-----|-------|------|
| | | |
| day | month | year |

Ages & Spaces Available:

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Indicate below the maximum number of hours per day that care can be provided

| | | | | | | | | | | | | | |
|--------|--|---------|--|-----------|--|----------|--|--------|--|----------|--|--------|--|
| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | Sunday | |
|--------|--|---------|--|-----------|--|----------|--|--------|--|----------|--|--------|--|

Applicant approved to be a home child care provider and home officially approved by Cook's Home Child Care Agency

| | | |
|-----|-------|------|
| | | |
| day | month | year |

ECE Consultant / Home Visitor Signature

| | | |
|-----|-------|------|
| | | |
| day | month | year |