

DURHAM PROFESSIONAL HOME DAY CARE

1367 Altona Road, Pickering, ON., L1V-1M2
905-509-1207 fax: 905-509-1092

APPLICATION TO PROVIDE LICENCED PRIVATE HOME CHILD CARE A \$15 REGISTRATION FEE IS REQUIRED WITH THIS APPLICATION

Name: _____ Phone No. _____
Address _____ Town _____
Postal code _____ Main Intersection _____

OTHERS IN THE HOUSEHOLD

Date of birth for children only

Check if home
during Day Care hours

Name	D.O.B	Sex	Relationship	Check if home during Day Care hours

Are you presently caring for any children other than your own? Yes__ No __

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

What languages are spoken in your home? _____

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__ Townhouse__ Apartment__ Semi-detached__

Does your home have a rented basement apartment? Yes__ No__ If yes, does it conform to local by-law requirements and do you have documentation? Yes__ No__

Please list areas 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, equipment and activities you have available for the children's use: _____

Do you and the members of your household have current immunization information? Yes__ No__

YOUR NEIGHBOURHOOD

Closest Elementary Public School _____
Closest Elementary Catholic School _____
Closest Park _____ Library _____

EXPERIENCE and EDUCATION

Education: High school ___ College/University ___ Technical/Business ___
Level achieved _____
Have you taken courses related to early childhood education? Yes ___ No ___
List courses: _____

Do you have a current first aid certificate? Yes ___ No ___
Would you be willing to attend evening workshops or seminars? Yes ___ No ___
Please describe your experience in caring for children: _____

Have you previously provided licensed home child care? Yes ___ No ___ If yes, what Agency did you work with? _____

Child care can be a physically active job. Are you able to do this? Yes ___ No ___

Reasons for wanting to provide Home Child Care: _____

Why do you wish to join an Agency? _____

How did you learn about Durham Professional Home Day Care? _____

What days are you available to provide child care? M ___ T ___ W ___ Th ___ F ___ S ___ S ___

Please indicate what hours you are available to work? From _____ a.m. to _____ p.m.

Would you consider working overnight or for extended hours? Yes ___ No ___

If you prefer a particular age group, please specify here _____

As part of our screening process, we require each person over 18 years, living in your home to complete a

Criminal Reference Check and a Children’s Aid Society Check.

Would you, and the members of your family, be willing to complete this information? Yes ___ No ___

REFERENCES (one must be a non-relative) Please provide the complete information.

Name _____ Daytime Phone _____
Address _____ Town _____
Province _____ Postal Code _____

Name _____ Daytime Phone _____
Address _____ Town _____
Province _____ Postal Code _____

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

Date Application Received _____	Fee Received Yes ___ No ___
Date of Interview _____	Date Commenced _____
Date of Termination _____	Reason _____