

Heritage Home Child Care Services

3015 Kennedy Rd., Ste. 203, Scarborough, Ontario M1V 1E7

Telephone: 416-754-8814 Fax: 416-754-8842 E-mail: info@heritagechildcare.ca

Application to Provide Child Care

Name: _____

Address: _____
(Postal Code)

Phone Number: _____ E-mail: _____

Social Insurance Number: _____

Nearest Main intersection: _____

Others in Household	Date of Birth (if under 18)	Relationship

Other children presently in care:

_____ (names and date of birth)

Type of care you would be available for:

Shift _____ Half day _____ Full day _____ Before and after school _____

Infants _____ Toddlers _____ Preschoolers _____ School-age _____

Nearest Elementary School: _____

Languages spoken in the home: _____

Interests, Hobbies, Leisure Activities: _____

Why do you want to provide childcare?

How do you think children would benefit from being in your care? _____

Have you ever provided childcare in your home before? YES _____ NO _____

If yes: Privately _____ With an Agency _____

Previous Child Care Experience:

1. Name of Employer: _____ Phone: _____

Address: _____

Length of employment: _____ Contact: _____

Duties: _____

Reason for Leaving: _____

2. Name of Employer: _____ Phone: _____

Address: _____

Length of employment: _____ Contact: _____

Duties: _____

Reason for leaving: _____

Please list any other related experiences: _____

Education – Degrees, Diplomas, Courses related to childcare:

Type of Housing: _____
(I.e. apt., house, townhouse, etc.)

If rented, has landlord approved childcare on premises? YES _____ NO _____

Do you or anyone in the house smoke? YES _____ NO _____

Do you have pets? YES _____ NO _____

If yes, what kind? _____

References – 2 job related, 1 personal:

1. Name: _____

Phone: _____ Relationship: _____

2. Name: _____

Phone: _____ Relationship: _____

3. Name: _____

Phone: _____ Relationship: _____

Applicant's Signature: _____ Date: _____

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FOR OFFICE USE ONLY

Date of medical examination: _____ *Date of TB test:* _____

Assessment Date: _____ *Effective Date:* _____

Social Insurance Number: _____

Ward: _____ *Provider Number:* _____