

Prospective Provider Questionnaire

Date: _____

Full Name: _____ Tel #: _____

Email: _____

Address: _____

Residence Type:

Apartment

House

Basement Apartment

Legal Basement w/ Documentation

Yes

No

School(s) In Area: _____

of Own Children: _____ Ages: _____

of Private Children: _____ Ages: _____

Childcare Experience? _____

Why do you want to provide home childcare? _____

When are you wanting to start? _____

Are you available for pre-service training? (4 Sessions)

Yes

No

Are you flexible to care for all age groups: _____

Hours Available for Care (e.g. 7 am – 6 pm): _____

Comments/Notes:
