

Little Lambs Home Daycare



53 St. James St., Stirling, Ontario K0K3E0
(613)827-1441 littlelambshomedc@gmail.com
www.littlelambshdc.com

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 vulnerable sector screening. They must also agree in writing to adhere to the behaviour management policy of Little Lambs Home Daycare. Please use another paper is necessary.

Name:	Name:	Name:
Date of birth: (d/m/y)	Date of birth: (d/m/y)	Date of birth: (d/m/y)
Relationship:	relationship:	relationship:

Do you have any children under the age of 18 years who will be home while care is being provided? Please list. Please use another paper is necessary.

Name:	Name:	Name:
Date of birth: (d/m/y)	Date of birth: (d/m/y)	Date of birth: (d/m/y)

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Smoking

Do you smoke?(circle) **Yes / No** Does anyone residing in your home smoke? (circle) **Yes / No**

Pets

Do you have pets? (circle) **Yes/ No** What?: _____

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

Child Care Experience and Training

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

Have you provided child care in your home before?(circle) **Yes / No** if yes complete:

Please list experience or provide resume.

Are you currently providing child-care for children?(circle) **Yes / No** if yes complete:

*please use another paper is necessary.

Name:	Name:	Name:
Date of birth: (d/m/y)	Date of birth: (d/m/y)	Date of birth: (d/m/y)
Name:	Name:	Name:
Date of birth: (d/m/y)	Date of birth: (d/m/y)	Date of birth: (d/m/y)

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Do you have other training related to child care?(circle) **Yes / No** if yes complete:

Do you have standard first aid and CPR training? (circle) **Yes / No** if yes provide:
Proof of current certification which includes training organization and expiry date

Other Work and Leisure Experience

Have you had other work experience?(circle) **Yes / No** if yes explain:

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

Normal television viewing in your home is: (hours)_____ Please indicate program types:

Home Environment

Please circle:**Single-family dwelling / Apartment / Townhouse / other: _____**
(please specify)

Please list any equipment available (examples: toys, crib, playpen, high chair, stroller, etc)

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What areas are available for the children to play:

Indoors:	Outdoors:

Outdoor Areas

Is the outdoor space fenced?

Y / N

Do you have have play structures?

Y / N if yes...

Do the outdoor play structures meet the Canadian Playground safety standards?

Y / N

Do you have ponds. Recreational in-ground/above-ground swimming pools, portable kiddie-pools or inflatable wading pools, hot tub, hydro massage pool, or spas?

Y / N if yes to any...

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

Community attractions and services

Closest park?	Closest library?
Closest public school?	Your child's school? (if applicable)

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Closest separate school?	Closest hospital?

Ministry and Agency Requirements and Recommendations

Are you prepared to complete a criminal reference check with vulnerable sector screening? Y / N

Are other adults normally resident in your home prepared to complete criminal reference checks with vulnerable sector checks? Y / N

Do you plan to transport children in your vehicle? Y / N
(if yes you need to submit a valid certificate of insurance and driver's license)

Are you willing to attend workshops to enhance your position as a home child care provider? Y / N

Medical Data

Physicians name: _____ phone #: _____

Address: _____ | _____ | _____
(street, rural, Box number) (city, town, village) (postal code)

Other Information

Why do you wish to join our agency?

How did you hear about Little Lambs Home Daycare Agency?

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References

Please provide 3 references-friends, neighbours, co-workers, 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? (not required) **Y / N**

*if yes, please list their names and addresses. The people are required to have a police record check with vulnerable sector screening check before doing emergency care for you.

Name: _____ day phone#: _____

Address: _____

Name: _____ day phone#: _____

Address: _____

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Your Health

Do you have any physical limitations that would interfere with caring for young children in your home?

Y / N

If yes, specify below.

Are you prepared to submit a medical assessment from your doctor before children can be placed in your home?

Y / N

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

Your Availability

When are you able to start providing home child care? (d/m/y) _____

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

day:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From (open):							
To (close):							

Are you willing to do shift work?

Y / N

Are you willing to work extended hours?

Y / N

Age Preferences

Would you provide care for infants?

Y / N

Do you have an age preference for children in your care?

Y / N

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 Little Lambs Home Daycare may further investigate or verify this information and contact the references listed above in connection with my proposed relationship with the agency.

Provider signature:	date(d/m/y)
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Office Use Only

Application received on: _____ initial inspection visit on: _____
(d/m/y) (d/m/y)

Ages and spaces available: _____

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

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Hours							

Home officially approved by Little Lambs Home Daycare: _____
(d/m/y)

Agency signature:	Date(d/m/y):
ECE home visitor signature:	Date(d/m/y):