

ANDREW FLECK HOME CHILD CARE

REGISTRATION – POTENTIAL PROVIDER

Office Use Only	
Date received:	_____
Hub:	_____
Ward:	_____
Consultant:	_____

Name _____

Address _____ Apt # _____

Email _____

City _____ Postal Code _____ Home Phone _____ Cell _____

Language Spoken in your Home _____ Other Language(s) _____

Person(s) living in your home (18 years and older)

Name	Relationship to provider

Person(s) living in your home under 18 years of age

Name	Birthdate(s) yyyy/mm/dd	Relationship to provider

Children in care i.e. foster care, private child care

Not applicable ☐

Name	Birthdate yyyy/mm/dd	School/Grade	Comments

1. Type of Home

Apartment ☐ Floor # _____ Townhouse ☐ House ☐

Space(s) available for child care (please list both indoor and outdoor) _____

2. Neighbourhood schools (Kindergarten to grade 6)

Name of school	Distance from house

3. Do you plan to move within the next twelve months? Yes ☐ No ☐

4. Do you have a pool, hot tub or pond? Yes ☐ No ☐

5. Do you smoke? Yes ☐ No ☐

Does anyone else in your household smoke? Yes ☐ No ☐

6. Do you have pets? Yes* ☐ No ☐ Please give details (breed): _____

*(Turtles, snakes, bearded dragons are NOT permitted) * Rabies certificate required upon request.*

7. Experience working with children *(please include any licensed home child care agencies you may have been affiliated with)*

Place of employment	Position	Dates of employment (yy/mm)	Age group(s)

8. Volunteer Experience (if applicable)

Place of employment	Position	Dates of employment (yy/mm)

9. Highest level of education _____

Degree/diploma/certificate received (documentation may be required): _____

10. Have you applied to provide home child care with Andrew Fleck Home Child Care Services before?

Yes ☐ Year applied _____ No ☐

11. How did you hear about our program? Facebook ☐ Kijiji ☐ Twitter ☐ LinkedIn ☐ Client ☐

AFCS provider ☐ Name of provider _____ Other *(please specify)* ☐ _____

12. Ages of children you would be interested in caring for *(please check all that apply)*:

Infant ☐ Toddler ☐ Preschool ☐ Kinder ☐ School Age ☐

13. Are you able to provide care during the following times *(please check all that apply)*:

Daytime ☐ Evenings ☐ Weekends ☐ Overnight ☐

14. Hours able to provide care: _____ a.m. to _____ p.m.

15. Are you interested in providing care for a child with special needs? Yes ☐ No ☐ Maybe ☐

Please provide as much detail as possible when answering the following questions:

16. Please describe why you are interested in becoming a home child care provider: _____

17. Describe important qualities in a home child care provider: _____

18. Describe play activities you would offer:

An infant (0 – 12 months) _____

A toddler (12 months – 30 months) _____

A preschooler (30 months – 48 months) _____

A school Age child (48 months and up) _____

19. How do you manage children's challenging behaviours? _____

20. Will your TV be on during child care hours? Yes ☐ How long? _____ No ☐

21. Do you plan to take the children outside daily? Yes ☐ How long? _____ No ☐

Please provide us with three references (non-relatives) that we can contact. For example a neighbour, former employer or parent of a child you have cared for may be used.

Name	Daytime phone #	Relationship

REQUIREMENTS

The Ministry of Education requires that all providers and members of the household, as well as anyone regularly in the home ages 18 and over, complete a Vulnerable Sector Check. The Ministry also requires a health assessment from your physician for all persons living in the home; this includes up-to-date immunization records and (if applicable) results of TB testing.*

Andrew Fleck Children's Services will also require any potential provider to sign the Letter of Understanding and submit it with this application at the information session.**

I give permission to Andrew Fleck Children's Services to contact the above references noted in this application.

I certify that I have completed this application on my own.

SIGNATURE: _____ DATE: _____

*Please note: you are not required to proceed with any of the above-mentioned items or paperwork at this time. This information will only be required if we proceed with the home opening process.

**Please note anyone interested in affiliating with our agency must attend an information session. Please contact our office to register 613-736-1913 ext 238 or hcc@afchildrensservices.ca

Thank you for completing this application.

Mailing address: #600-700 Industrial Avenue, Ottawa, Ontario, K1G 0Y9

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