

# Provider Enrollment Application (pg 1)



**Office Use:**

Date of Admission: \_\_\_\_\_ Date of Interview: \_\_\_\_\_ Initial: \_\_\_\_\_

Child Care Spots Available: \_\_\_\_\_

**Halton Day Care Services** is committed to the social and cognitive development of children. We have adopted a play-based learning approach to our programs. Specifically, our plans are designed to integrate gross and fine motor skills while encouraging learning and emotional development through active and quiet play.

**Personal:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
First Last

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Main Intersection: \_\_\_\_\_ Years at Current Residence: \_\_\_\_\_

Type of home: Apartment: \_\_\_\_\_ House: \_\_\_\_\_ Townhouse: \_\_\_\_\_

Which areas of the home are available? \_\_\_\_\_  
\_\_\_\_\_

Is your home childproofed? Please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have equipment available? (Cribs, playpen, toys, high chair, stroller, cots etc.) \_\_\_\_\_  
\_\_\_\_\_

Do you have a separate sleeping area? Please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have an outdoor play area? Is it fenced? Please explain: \_\_\_\_\_  
\_\_\_\_\_

Does anyone smoke in your home? Yes No

Do you have a Dog: \_\_\_\_\_ or Cat: \_\_\_\_\_ Animal's most recent immunization: \_\_\_\_\_

Do you have First Aid? Yes No Date Taken: \_\_\_\_\_

Does your home have a basement apartment with tenants? Yes No

# Provider Enrollment Application (pg 2)



## List Hospitals, Schools, and Parks in the area:

Hospitals	Schools	Parks

Email Address: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_ Date Available: \_\_\_\_\_

Social Insurance: \_\_\_\_\_ Birth date: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Any Children of your own?      Yes      No

Name	Birth Date	Age

## Insurance

Automobile Insurance Company: \_\_\_\_\_ Liability Amount: \_\_\_\_\_

Driver's Licence Number: \_\_\_\_\_

Do you have child care insurance? \_\_\_\_\_

## References

Will you submit to a health inspection?      Yes      No

Will you comply with recommendations from the fire department?      Yes      No

Will you submit to a police reference check?      Yes      No

Do you or anyone in your home have a criminal record?      Yes      No      Please explain: \_\_\_\_\_

Name	Address	Phone	Relationship

# Provider Enrollment Application (pg 3)



## Child Care Experience:

Do you have your Early Childhood Education or Assistant Accreditation? \_\_\_\_\_

Which school did you obtain accreditation? \_\_\_\_\_

Why would you like to become a provider for **HDCS**? \_\_\_\_\_

Specify age preference? \_\_\_\_\_ School Age Preference? \_\_\_\_\_

Full Time/Part Time (provide days and hours available)? \_\_\_\_\_

Daily Activities/Routines/Programming (i.e.: schedules, activities, hours of television, planned programs etc.) \_\_\_\_\_

## Emergency Contact Information:

Emergency Contact Name: \_\_\_\_\_ Phone Number : \_\_\_\_\_

## Medical:

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number : \_\_\_\_\_ Health Card Number: \_\_\_\_\_

## General Information:

How did you hear about **HDCS**? \_\_\_\_\_

Are you willing to provide before and after school service?      Yes      No

Are you willing to provide back-up service for the agency?      Yes      No

I hereby certify that the information provided above is true. **HDCS** has my permission to confirm and verify the information provided. I acknowledge that any deviation from the above will be immediately reported to **HDCS** and could result in the voidance of this application.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_