

HOME & HEART FAMILY HOME DAY CARE AGENCY

Child Care Provider Information

NAME:
MAILING ADDRESS:
CIVIC ADDRESS (if different from above):
TELEPHONE:
EMAIL:
NUMBER OF CHILDREN & AGES (living in the house):
NAMES OF ALL ADULTS LIVING IN THE HOUSE (over age 18):
PETS:
IS YOUR HOME SMOKE-FREE? <input type="checkbox"/> Yes <input type="checkbox"/> No
EXPERIENCE WITH CHILDREN:
EDUCATION:
EARLY CHILDHOOD EDUCATION OR TRAINING:

FIRST AID / CPR TRAINING (give dates):

DO YOU HAVE ANY HEALTH ISSUES WE SHOULD BE AWARE OF?

Yes

No

ARE YOU WILLING TO PARTICIPATE IN SOME FAMILY HOME DAY CARE ACTIVITIES?

Play Group

Home Visits

Training

Meetings (twice per year)

Toy Library

Professional Development

HOURS OF OPERATION:

FEES:

DO YOU HAVE LIABILITY INSURANCE?

Yes

No

CHILDREN
INFANTS

TODDLERS

PRESCHOOL

SCHOOL-AGE

TOTAL

SIGNATURE:

DATE:

OFFICE USE ONLY

Date of acceptance: _____

Date of Home inspection: _____

Signature of Director: _____