



# CAREGIVER APPLICATION

## PERSONAL INFORMATION

NAME: \_\_\_\_\_  
LAST NAME FIRST NAME

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

CITY: \_\_\_\_\_

TELEPHONE : \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SOCIAL INSURANCE NUMBER: \_\_\_\_\_ ARE YOU OVER 18 YRS? YES \_\_\_\_\_ NO \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ( Optional )

DO YOU HAVE A CURRENT DRIVER'S LICENSE? YES / NO \_\_\_\_\_ DRIVER'S LICENSE #. \_\_\_\_\_

AUTO INSURANCE COMPANY: \_\_\_\_\_ LIABILITY COVERAGE: \$ \_\_\_\_\_

DO YOU HAVE COMPRENSIVE LIABILITY INSURANCE? YES / NO \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

WHAT LANGUAGES DO YOU SPEAK? \_\_\_\_\_

WHY DO YOU WISH TO JOIN AN AGENCY? \_\_\_\_\_

\_\_\_\_\_

WHAT AGE OF CHILDREN DO YOU PREFER TO CARE FOR? \_\_\_\_\_

ARE YOU WILLING TO WORK FROM 7:00 A.M. – 6:00 P.M.? YES / NO \_\_\_\_\_

DESCRIPTION OF HOME: HOUSE TOWNHOUSE SEMI-DETACHED (Please Circle)

AREAS OF HOME AVAILABLE TO CHILDREN: \_\_\_\_\_

OUTDOOR AREA: FENCED NEAR PARK POOL (Please Circle)

EQUIPMENT IN HOME: YES / NO ( IF YES ,PLEASE LIST BELOW )

\_\_\_\_\_

CLOSEST- MAIN INTERSECTION: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

FIRE STATION: \_\_\_\_\_

PUBLIC SCHOOL: \_\_\_\_\_

SEPARATE SCHOOL: \_\_\_\_\_

LIBRARY: \_\_\_\_\_

ONTARIO EARLY YEARS CENTRE: \_\_\_\_\_

## FAMILY HISTORY:

NUMBER OF CHILDREN: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

SPOUSE'S NAME & OCCUPATION: \_\_\_\_\_

NAMES OF OTHER ADULTS IN HOME: \_\_\_\_\_

**GENERAL:**

**IF YOU HAVE BEEN EMPLOYED OUTSIDE THE HOME, STATE OCCUPATION:**

NAME OF EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME OF EMPLOYER : \_\_\_\_\_ PHONE: \_\_\_\_\_

**DAYCARE EXPERIENCE:**

\_\_\_\_\_  
\_\_\_\_\_

**IF YOU ARE PRESENTLY CARING FOR ANY DAYCARE CHILDREN, GIVE NAMES AND AGES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER WORK EXPERIENCE:**

DO YOU HAVE ANY FIRST AID OR CPR TRAINING? YES / NO \_\_\_\_\_ DATE: \_\_\_\_\_

ARE YOU WILLING TO ATTEND AGENCY WORKSHOPS? \_\_\_\_\_

HAS YOUR HOME BEEN CHILD- PROOFED? YES / NO \_\_\_\_\_ WHAT CHANGES WILL YOU HAVE TO MAKE? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT KIND OF ACTIVITIES WOULD YOU PLAN FOR THE CHILDREN IN YOUR CARE?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A SMOKE- FREE ENVIRONMENT? YES/ NO \_\_\_\_\_ IF NO WHO SMOKES: \_\_\_\_\_

DO YOU HAVE PETS? YES / NO \_\_\_\_\_ WHAT KIND? \_\_\_\_\_

PET'S LAST IMMUNIZATION DATE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOES YOUR HOME HAVE A BASEMENT WITH TENANTS? YES / NO \_\_\_\_\_

DO YOU (OR ANYONE INYOUR HOUSEHOLD) HAVE A CRIMINAL RECORD? YES / NO IF YES PLEASE GIVE DETAILS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU WILLING TO HAVE POLICE, FIRE, AND PUBLIC HEALTH INSPECTIONS? YES / NO \_\_\_\_\_

HOW DID YOU HEAR ABOUT CARING FOR KIDS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE SUBMIT ALONG WITH THIS APPLICATION, TWO REFERENCES, PREFERABLY RELATING TO DAYCARE EXPERIENCES ( NOT FAMILY MEMBERS ). I GIVE PERMISSION TO CARING FOR KIDS TO CONTACT THE REFERENCES DIRECTLY.

I understand that this record of information is required by Caring for kids- Private Home Daycare as part of my application to be a Caregiver for children in my home. I am also aware that should my application be approved and children placed in my home through Caring for kids Private Home Daycare, this information may be released to the parent(s) of said children (i.e. name, address, phone number, previous experience, etc.)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: \_\_\_\_\_ DATE CALLED \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

START DATE \_\_\_\_\_ TERMINATION DATE: \_\_\_\_\_

