

MOTHCRAFT OTTAWA
LICENSED HOME CHILD CARE PROGRAM
PROVIDER'S APPLICATION



First Name: _____ **Last Name:** _____

Address: _____

Postal Code: _____

Telephone: (H) _____ (C) _____

Email: _____

Languages spoken: _____

Own children and Ages living at residence: _____

Days you are available to give care: _____

Hours you are available to give care: A.M.: _____ P.M.: _____

Education and Experience:

E.C.E. **YES / NO** Experience with children: _____ years

Have you ever worked for another Licensed Home Child Care Agency or been associated with another Agency? **YES / NO**

Schools in your Area: _____

Why do you want to be a caregiver: _____

Willing to attend Workshops? **YES / NO**

How did you hear about Mothercraft Ottawa? _____

Date: _____ **Signature:** _____

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PROVIDER'S APPLICATION
HOME SETUP

Home: Single Family Townhome Apartment

Where would you setup the daycare in your home? _____

Where would the children sleep? _____

Is your daycare space setup properly for Advisor's visit? _____

Do you have any of the following "Equipment, Furniture and Toys"?

Indoor	Y/N	Number
Stroller	_____	_____
Highchair	_____	_____
Exersaucer	_____	_____
Booster seat	_____	_____
Sleeping mat	_____	_____
Playpen	_____	_____
Safety gate	_____	_____
Art table	_____	_____
Small chairs	_____	_____
Art supplies	_____	_____
Toys	_____	_____
Outdoor	_____	_____
Riding toys	_____	_____
Climbing Structure	_____	_____
Wagons	_____	_____
Toys (shovels, rakes,...)	_____	_____