

**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 \_\_\_\_\_

**Did you get COVID-19 Vaccine?** YES / NO 1st \_\_\_\_\_ 2nd \_\_\_\_\_

**How did you hear about Mothercraft Ottawa?** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**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"?**

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