

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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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,...) | _____ | _____ |