



PROVIDER APPLICATION

Name: _____ Phone: _____

Address: _____ City: _____ P.C.: _____

Closest main intersection: _____ # of years at this address: _____

Previous address if less than 5 years: _____

Social Insur. #: _____ Birthdate: (Month/Day/Year): _____

Do you have a current driver's license? Yes / No _____ Driver's license #: _____

Auto Insurance Company: _____ Liability coverage: \$ _____

Languages Spoken: _____ Occupation outside home: _____

Marital Status: _____ Spouse's Name: _____ Spouse's Occupation: _____

Do you have children? Yes / No _____ If Yes: _____

Name: _____ Gender: M / F _____ Birthdate: _____

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Name: _____ Gender: M / F _____ Birthdate: _____

Does anyone else live in your home? Yes / No _____ Who? _____

Do you smoke? Yes / No _____ Spouse? Yes / No _____ Others? _____

Do you have pets? Yes / No _____ What kind? _____ Pet's last immunization date: _____

Day Care Experience: _____

Reasons for wanting to provide day care: _____

List child care experience: _____

If you are presently caring for any day care children, give names and ages: _____

Other work experience: _____

Do you have any First Aid or CPR training? Yes / No _____ Details: _____

Age group preference? _____ Full Time? Yes / No _____ What hours? _____

Part Time? Yes / No _____ What days and/or hours? _____

What type of activities would you plan for children in your care? _____

Home Environment: House _____ Apt. _____ Townhome _____ Do you rent or own? _____

Has your home been child-proofed? Yes / No _____ What changes will you have to make? _____

Does your home have a basement apartment with tenants? Yes / No _____

List the areas of your home that will be available to children: _____

PROVIDER APPLICATION CONTINUED

Please list any equipment that you may have available to use (toys, crib, play pen, high chair, stroller, etc.):

Outdoor Areas: Are they fenced? Yes / No If not, will they be? Yes / No Do you have a pool? Yes / No

Closest park(s): Closest library:

Closest public/separate school: Your child's school:

Closest hospital(s):

Do you (or anyone in your household) have a criminal record? Yes / No If yes, please give details:

Are you willing to have police, fire and public health

inspections? Are you willing to attend agency workshops?

Why do you wish to join an agency?

How did you hear about Wee Watch?

References: We require 4 references – a friend, a neighbour, a close family member (not living with you), & a work-related (child care, if possible):

1) Name: Day Phone: Relationship:

Address: City/Prov.: Postal Code:

Email Address:

2) Name: Day Phone: Relationship:

Address: City/Prov.: Postal Code:

Email Address:

3) Name: Day Phone: Relationship:

Address: City/Prov.: Postal Code:

Email Address:

4) Name: Day Phone: Relationship:

Address: City/Prov.: Postal Code:

Email Address:

I certify that the information I have supplied on this application is correct, and agree that WEE WATCH may further investigate or verify this information and contact the references list above in connection with my proposed relationship with the agency.

Applicant's Signature:

Date:

Once you have completed this form, please contact the Wee Watch office in your area to inquire about their application process and application fee. SEE LOCATIONS PAGE FOR AGENCY LISTINGS.

FOR OFFICE USE ONLY: Date received: Date called: Reg. Fee paid:

Date of interview: Available space & ages:

Interviewed by: