

# 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 \_\_\_\_\_ Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ 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:

2) Name: Day Phone: Relationship:

Address: City/Prov.: Postal Code:

3) Name: Day Phone: Relationship:

Address: City/Prov.: Postal Code:

4) Name: Day Phone: Relationship:

Address: City/Prov.: Postal Code:

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 CONTACT US page for agency listings.

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

Date of interview: Available space & ages:

Interviewed by: