County of Huron
Children's Services
Jacob Memorial Builing
77722D London, Rd. RR #5
Clinton, ON N0M 1L0
Phone: 519.482.8505 Fax: 519.482.5710

HOME CHILD CARE PROVIDER APPLICATION

APPLICANT

Last Name: First Name:

Address:

Town: Postal Code: Phone Number:

Email address:

YOUR CHILDREN AND OTHER HOUSEHOLD MEMBERS

Name: Date of Birth: Relationship:

Name: Date of Birth: Relationship:

Name: Date of Birth: Relationship:

HOME DESCRIPTION

Do you own or rent your home?

Please answer the following questions about your home and home environment.

Do you have pets?	☐ Yes	☐ No	Is there a pool on site?	☐ Yes	☐ No
Is your home Smoke Free?	☐ Yes	☐ No	Is the yard fenced?	☐ Yes	☐ No
Do you smoke?	☐ Yes	☐ No			

TRAINING AND EXPERIENCE

Why are you interested in starting your own home child care business?

What training (e.g. college, university, first aid & CPR, or related workshops) have you taken that will help you to provide quality service?

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TRAINING AND EXPERIENCE continued

Describe your experience in child care or a related field.

Give examples of types of activities (indoors & outdoors) you plan to do with the children.

Give examples of the types of food you plan on serving the children for lunch & snacks.

Are you willing to attend workshops to learn more about child development, programming, and working with children in your home?

☐ Yes ☐ No

REFERENCES

Please provide three references (neighbour, former employer or parent of a child you have cared for, etc.) that we can contact, plus their relationship to you.

Name: Phone # Relationship:

Name: Phone # Relationship:

Name: Phone # Relationship:

I declare the information provided on this form is complete and correct, and authorize and give consent to contact the references listed above.

Signature Date:

Applicant

OFFICE COMMENTS

Print Form