

HCCP OFFICE TO COMPLETE

Date Received:

Ministry of Education Compliant:

HOME CHILD CARE PROGRAM PROVIDER APPLICATION

NAME:			
OTHER NAMES USED:			
ADDRESS:			
	P.O. Box #	Town PHONE:	Postal Code
HOME PHONE:			
E-MAIL:			
Are you legally eligible to work in Canada? Ye	s No		
Do you hold a valid Driver's License? Ye	s 🔲 No 🔲		
Do you have valid vehicle insurance? Yes	s No No		
Do you have current certification in Standard Fir	st Aid/CPR? Yes	No Expiry	Date:
LIST ALL MEMBERS OF THE HOUSEHOLD:			
Name	Date of Birth	Relationship	
Does anyone in your household have a criminal	record? Yes	No 🗌	
CHILDREN YOU ARE CURRENTLY CARING FOR	DAYS AND HOUR	RS YOU ARE AVAILAB	I F TO
OTHER THAN YOUR OWN:	PROVIDE CARE:		
Initials Date of Birth	Sunday		
	Monday		
	Tuesday		
	Wednesday Thursday		
	Friday		
	Saturday		
LIST ANY COMMUNITY PROGRAMS YOU	7		
CURRENTLY PARTICIPATE IN:			d/or overnight hours?
CONNENTED FARTICITATE IN.	│	NoL	

PLEASE TELL US ABOUT YOURSELF BY ANSWERING THE FOLLOWING:
What are you passionate about and how can you bring your passion in to working with young children?
What have young children taught you?
Tell us about a time when you turned to someone for support. What did they do that supported you?
When did clear communication help you and why did it work?
Have you developed or thought about a business plan? What would you include in a business plan?
What are your expectations of possible income from working with the agency?
What do you think your initial and ongoing expenses might be?
What do you need or would like to have from us?
Tell us something we do not know about you.