



Natural Connections Childcare
 Services and Support for Providers and Families

CHILDCARE PROVIDER APPLICATION

Name(s) _____

Address _____

City/Town _____ Province _____ Postal Code _____

Phone # _____ Alternate # _____

E-mail _____

EMERGENCY CONTACT INFORMATION

Name _____ Relation _____

Address _____

City/Town _____ Province _____ Postal Code _____

Phone # _____ Alternate # _____

Please list any other persons residing regularly in your home (e.g. spouse, children, border).

NAME	BIRTHDATE	RELATION	HOURS AT HOME

List any pets: _____

Type of home: Detached Townhouse Apartment Other _____

Is your home smoke-free? Yes No

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CHILDCARE EXPERIENCE

Please list any relevant training you have (e.g. First Aid, CPR, Parenting courses, ECE education, etc.)

Do you have any children in your care now? Yes No

If you answered yes, please list all children below.

FIRST NAME & INITIAL ONLY	AGE	DAYS PRESENT	HOURS PRESENT

AVAILABILITY

Which days are you available to provide care? Natural Connections Childcare has families requiring care seven days a week and overnight.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What hours are you willing to provide care? _____

What age groups of children are you willing to provide care (check all that apply)

Infant (6 - 18 months) Toddler (18 - 30 months) Preschool (2 ½ - 4 years) School Age (5 - 13 years)

Is there anything else you would like us to know? _____

I STATE THAT THE INFORMATION THAT I HAVE PROVIDED TO NATURAL CONNECTIONS CHILD CARE IS ACCURATE.

Signature of Applicant

Date