

Return with current copies of:
CPR
First Aid
EEC License

PROVIDER APPLICATION FORM

BACKGROUND INFORMATION

1. Name _____
2. Address _____
3. Telephone Number _____
4. Expiration Date of your Family Child Care License _____
5. Licensor's name _____
6. Do you have an assistant listed on your license? If yes, please provide name.

7. What rooms in your home will be used for child care? _____

8. Who resides with you in your home? _____

9. What is your experience taking care of young children? _____

10. Last grade completed in school. _____
11. Have you had any formal training in early Childhood Education or Child Development? (i.e., seminars, workshops, training sessions, college courses.) If yes, please list.

12. What languages do you speak? Please list. Start with your native language.

13. What are your reasons for being a family child care provider?

14. How many years have you been providing family child care?

15. Have you had experience caring for children from different cultural backgrounds?

16. What hours are you available for child care?

17. At this time how long do you anticipate being a family child care provider?

18. What do you hope to gain from becoming part of the Cole-Harrington Family Child Care System?

19. Please list names, addresses and phone numbers of three **present or previous employment** references, i.e. former parents of children that were in your care.

(a) _____

(b) _____

(c) _____

20. Do you have liability insurance for your child care program? _____

MEDICAL INFORMATION

1. Do you have any allergies? YES/ NO If yes, please explain.

2. Do you have any medical condition(s) that requires medication on a regular basis? YES/ NO
If yes, please explain.

3. Do you have any medical condition(s) that hinders your ability to care for children? YES/ NO
If yes, please explain.

PERSONAL INTERESTS

1. Have you ever been involved in any community programs, e.g. scouting, religious groups, Senior Citizens, Newcomers Clubs, etc.?

2. Do you have an age preference for providing care to children under five? If yes, what age do you prefer and why?

3. Are you interested in providing care to children with special needs? If yes, which type(s) of disabilities interest you?

4. How do you handle your feelings about parents whose value and life style are different than yours?

CHILDREN'S PROGRAM

1. Where do you provide space for each child's personal belongings, and who has access to them.

2. What types of materials do you provide for children to use? Do the children have access to them?

3. In what ways do you encourage children to take responsibility that is appropriate for their age?

4. In what ways do you involve children in snack and meal preparations?

5. Which food program are you a member of?

5a. What would a typical day's menu include?

Breakfast _____

Snack _____

Lunch _____

6. In what ways do you directly interact with the children in your care? (Describe some of the age appropriate activities you enjoy doing with the children in your care.)

7. What is your philosophy of discipline?

8. Describe your outdoor program, e.g., where is your outdoor play area, what type of equipment is available, how much time do children spend outdoors, and what type of activities do they do?

9. How do children know that you value and like them?

10. What do you hope children and parents will remember about you as a provider?

FAMILY CHILD CARE HOME VISITS

1. What time of day would you prefer to have home visits conducted by the Family Child Care Staff?

Signature _____

Date _____

If you have already been issued a Child Care License by the Department of Early Education and Care, please include a copy of your license with this application along with a copy of your CPR, First Aid, and Assistant's license.

IMMUNIZATION VERIFICATION

I, _____, verify that my own children who reside in my home where I provide childcare services are currently immunized and will be updated in accordance with Massachusetts Department of Health guidelines.

Signature: _____

Date: _____