



DATE _____

NAME _____

ADDRESS _____

POSTAL CODE _____ AREA _____

TELEPHONE (H) _____ (W) _____

HOURS YOU ARE AVAILABLE TO GIVE CARE _____

A.M. TO _____ P.M. _____

PREFERRED STARTING DATE _____

PREFERRED AGES TO CARE FOR _____

QUALIFICATIONS: EDUCATION & EXPERIENCE _____

WHAT KIND OF ACTIVITIES WOULD YOU PLAN FOR THE CHILDREN EACH DAY? _____

WHERE WOULD THE CHILDREN PLAY?

INSIDE _____

OUTSIDE _____

HAVE YOU EVER WORKED FOR ANOTHER PRIVATE HOME DAY CARE AGENCY OR BEEN ASSOCIATED WITH ANOTHER AGENCY? YES _____ NO _____

WHAT KIND OF LUNCHES AND SNACKS WOULD YOU SERVE?

LUNCHES _____

SNACKS _____

MOTHERCRAFT PROHIBITS CORPORAL PUNISHMENT FOR ALL CHILDREN IN YOUR CARE. HOW DO YOU HANDLE CHILDREN'S MISBEHAVIOUR?

BASIC DESCRIPTION OF HOME: _____

WHAT KIND OF TOYS/EQUIPMENT DO YOU HAVE? _____

WHERE DO THE CHILDREN SLEEP? _____

WHY DO YOU WANT TO BE A CAREGIVER? _____

WHAT QUALITIES DO YOU THINK YOU COULD OFFER TO PRIVATE HOME DAY CARE?

FOR MOTHERCRAFT

HOW DID YOU HEAR ABOUT CANADIAN MOTHERCRAFT? _____

We require (3) written letters of reference - not family members. Please submit them to your Home Child Care Advisor before start date. Also, a recent annual medical certificate.

DATE _____

SIGNATURE _____