

Child Care Application Form

Parent/Guardian 1 First Name: _____ Last Name: _____

Address: _____ Unit: _____

City: _____ Postal Code: _____ Province: _____

Home Phone: _____ Work Phone: _____

Cell phone: _____ Email Address: _____

Gender: Male Female Other

Relation to child: _____

Employer Name / City: _____

Parent/Guardian 2 First Name: _____ Last Name: _____

Address: _____ Unit: _____

City: _____ Postal Code: _____ Province: _____

Home Phone: _____ Work Phone: _____

Cell phone: _____ Email Address: _____

Gender: Male Female Other

Relation to child: _____

Employer Name / City: _____

Custody Arrangement (If applicable): _____

Are you subsidized or applying for childcare subsidy? YES NO

Language spoken at home: _____

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Address: _____ Unit: _____

City: _____ Postal Code: _____ Province: _____

Home Phone: _____ Work Phone: _____

Cell phone: _____ Email Address: _____

Gender: Male Female Other

Relation to child: _____

Employer Name / City: _____

Parent/Guardian 2 First Name: _____ Last Name: _____

Address: _____ Unit: _____

City: _____ Postal Code: _____ Province: _____

Home Phone: _____ Work Phone: _____

Cell phone: _____ Email Address: _____

Gender: Male Female Other

Relation to child: _____

Employer Name / City: _____


Custody Arrangement (If applicable): _____


Are you subsidized or applying for childcare subsidy? YES NO

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SCHEDULE AND LOCATION

Date Childcare required: Click or tap to enter a date.

Days of the week child needs to be in the care:

Monday Tuesday Wednesday Thursday Friday

Saturday Sunday

Please specify:

Start time: _____ & End Time : _____

Emergency contact name: _____

Emergency Contact number: _____

Relationship to Emergency Contact: _____

The agency will contact you to discuss your needs answer your questions and advise you of the registration fee

Home Daycare Provider Application form

First Name: _____

Last name: _____

Gender: Male Female Other

Date of Birth: Click or tap to enter a date.

Address: _____

Unit: _____ City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Cell phone number: _____

Email Address: _____ Years at this address: _____

Childcare experience

1) Reason why you want to provide home day care?

2) Describe Any childcare experience:

3) Are you currently running a day care at your home: Yes: No:

4) List other work experience:

5) Are you fully vaccinated for COVID: YES NO

6) Are you a Registered Early Childhood Educator (RECE)? YES NO

7) Do you have standard first Aid certificate and CPR Level C? YES NO

8) How did you hear about us?

9) What is your home type? House Apartment Townhouse

10) Ownership: Own Rent

Once you have completed this form, please contact High5 Daycare Inc. to inquire about the application process and the application fees.