

**Vegreville & Area Family Day Home Program**  
**5106-48 Ave (Agency Site Location)**  
**Box 640, (Mailing Address)**  
**Vegreville, AB T9C 1R7**  
**Phone: 780-632-2912**  
**Fax: 780-632-3935**



For the applicant and anyone who is over 18 years of age or older, and who either resides with the provider in the proposed family day home or who may be in the provider's home on a regular is required to have completed and submit to the agency prior to approval a criminal record check, including vulnerable sector search, and a child welfare check.

**PROVIDER APPLICATION FORM**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **CULTURAL BACKGROUND** \_\_\_\_\_

**PRIMARY LANGUAGE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**S.I.N.:** \_\_\_\_\_ **ALBERTA HEALTH CARE NUMBER:** \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_ **NAME OF SPOUSE:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_

**HOURS OF WORK:** \_\_\_\_\_

<b>CHILDREN'S NAMES:</b>	<b>BIRTHDATE:</b>	<b>SEX:</b>	<b>ARE THEY HOME DURING THE DAY?</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Others in household? (Relatives, boarders, state their names, ages and where they are during the day)

\_\_\_\_\_

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\_\_\_\_\_

2. Why are you interested in this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Who referred you? \_\_\_\_\_

4. Education (include any child related) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you have your first aid certificate if yes what is the expiry date: \_\_\_\_\_
6. Child care experience (include ages and duration of care): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Because some children may have allergies, please answer the following:  
Does anyone in your household smoke? \_\_\_\_\_
8. Do you have pets? If so, what kind and are they immunized? \_\_\_\_\_  
\_\_\_\_\_
9. Number of children desired: \_\_\_\_\_ Ages: \_\_\_\_\_
10. During which hours can you provide care? \_\_\_\_\_  
\_\_\_\_\_
11. Would you consider shift work? \_\_\_\_\_
12. Are you willing to care for children with special needs? (ie: physical, mental, handicap) list any concerns?  
\_\_\_\_\_  
\_\_\_\_\_
13. Are there any physical/medical problems that limit your working with active young children?  
\_\_\_\_\_  
\_\_\_\_\_
14. Do you have a history of mental and/or emotional and/or physical problems?  
\_\_\_\_\_  
\_\_\_\_\_
15. Have you ever required treatment for drug or alcohol related problems?  
\_\_\_\_\_
16. Have you or any person residing in your home, been involved in any form of criminal assault?

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17. Have you ever been a party to or been involved with any child welfare matter? If Yes, please describe what the situation was and how you were involved?

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18. Have you had problems raising or caring for your own children or others? Please describe the situation and how you dealt with it?

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19. What do you do when you feel tense or upset with someone or something?

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20. How would you deal with a child who is interfering with other children and not settling into another activity?

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21. How would you deal with a shy withdrawn child?

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22. How would you deal with two children who are fighting over a particular toy?

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23. What would you do if a child was having a temper tantrum?

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24. How would you discuss a discipline problem with a child's parent?

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25. What activities would you provide for children in your care?

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26. List a few of your favorite ideas for:

Lunch: \_\_\_\_\_

Snacks: \_\_\_\_\_

Beverages: \_\_\_\_\_

27. Would you be willing to participate in workshops/provider meetings on early childhood development organized by your agency? \_\_\_\_\_

**REFERENCES:**

Please give name, address, telephone number of three persons other than relatives that you have known for at least two years)

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Please give last two places of employment and how long you were employed there?

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Applicant's Signature: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

