

RUMO Child Care Services

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<https://rumochildcare.com/>

HOME CHILD CARE PROVIDER APPLICATION

Application

Name: _____ Phone #: _____

Email address: _____

Home _____ | _____ | _____

Address: (Unit #, Street, Box Number) (City, Province) (Post Code)

Residents in same household

Are there any other adults ordinarily in the home when you will be providing care? Please list name, birthdate and relationship to you. Persons 18 and over must consent to completing a criminal reference check with vulnerable sector screening. They must also agree in writing to adhere to the behaviour management policy of RUMO Child Care Services. Please use another paper is necessary.

Name:	Name:	Name:
Date of Birth: (D/M/Y)		
Relationship:		

Do you have any children under the age of 18 years who will be home while care is being provided? Please list. Please use another paper is necessary.

Name:	Name:	Name:
Date of Birth: (D/M/Y)		
Relationship:		

Smoking

Do you smoke? (circle) **Yes / No** Does anyone residing in your home smoke? (circle) **Yes / No**

Pets

Do you have pets? (circle) **Yes / No** What kind?: _____

Child Care Experience and Training

Why do you want to provide child care in your home?

Have you provided child care in your home before? (circle) **Yes / No** if yes complete:

Please list experience or provide resume.

Are you currently providing child-care for children? (circle) **Yes / No** If yes complete:

Name:	Name:	Name:
Date of Birth: (D/M/ Y)		
Name:	Name:	Name:
Date of Birth: (D/M/ Y)		

Do you have other training related to child care? (circle) **Yes / No** If yes complete:

Do you have standard first aid and CPR training (circle) **Yes / No** If yes, provide:

Proof of current certification which includes training organization and expiry date

Other Work and Leisure Experience

Have you had other work experience? (circle) **Yes / No** If yes explain:

What types of activities do you plan to offer the children in your care?

Normal television viewing in your home is: (hours) _____ Please indicate program types:

Home Environment

Please circle: Single-family dwelling / Apartment / Townhouse / Other: _____
(Please specify)

Please list any equipment available (examples: toy, crib, playpen, high chair, stroller, etc)

What areas are available for the children to play:

Indoors:	Outdoors:



Outdoor Areas

Is the outdoor space fenced?	Y / N
Do you have any play structures?	Y / N if yes....
Do the outdoor play structures meet the Canadian Playground safety standards?	Y / N
Do you have ponds. Recreational in-ground/above-ground swimming pools, portable kiddie-pools or inflatable wading pools, hot tub, hydro massage pool, or spas?	Y / N if yes to any...

How will you keep the children away from these standing bodies of water to comply with ministry and agency regulation?

Community attractions and services

Closest park?	Closest library?
Closest public school?	Your child's school? (if applicable)
Closest separate school?	Closest hospital?

Ministry and Agency Requirements and Recommendations

Are you prepared to complete a criminal reference check with vulnerable sector screening?	Y / N
Are other adults normally resident in your home prepared to complete criminal reference checks with vulnerable sector checks?	Y / N
Do you plan to transport children in your vehicle? (if yes you need to submit a valid certificate of insurance and driver's license)	Y / N
Are you willing to attend workshops to enhance your position as a home child care provider?	Y / N

Medical Data

Physician's Name: _____ phone #: _____

Address: _____ | _____ | _____
(Unit #, Street, Box Number) (City, Province) (Post Code)

Other Information

Why do you wish to join our agency?

How did you hear about us?

References

Please provide 3 references-friends, neighbours, co-workers, etc., but not related.

Name: _____ day phone #: _____ known _____ yrs

Relationship: _____ Address: _____

Name: _____ day phone #: _____ known _____ yrs

Relationship: _____ Address: _____

Name: _____ day phone #: _____ known _____ yrs

Relationship: _____ Address: _____

Your Health

Do you have any physical limitations that would interfere with caring for young children in your home? **Y / N**

If yes, specify below.

Are you prepared to submit a medical assessment from your doctor before children can be placed in your home? **Y / N**

Up-to-date copies of immunization records for others normally in your home during hours of childcare including your children must be submitted to the agency.

Your Availability

When are you able to start providing home child care? (D/M/Y) _____

Indicate the days of the week and hours you are available to provide care:

Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From (OPEN):							
To (CLOSE):							

Are you willing to do shift work? **Y / N**

Are you willing to work extended hours? **Y / N**

Age Preferences

Would you provide care for infants? **Y / N**

Do you have an age preference for childcare in your care? **Y / N**

If yes, specify below.

Applicant's Declaration

I certify that the information I have supplied on this application is correct, and agree that RUMO Child Care Services may further investigate or verify this information and contact the references listed above in connection with my proposed relationship with the agency.

Provider signature:	Date (D/M/Y):
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Office Use Only

Application received on: _____ initial inspection visit on: _____
(D/M/Y) (D/M/Y)

Ages and spaces available: _____

Indicate below the maximum number of hours per day that care can be provided.

Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Home officially approved by RUMO Child Care Services: _____
(D/M/Y)

Agency signature:	Date (D/M/Y):
ECE home visitor signature:	Date (D/M/Y):