

**Family Home Child Care Society, Pictou County**

**APPLICATION TO BE A CAREGIVER**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Civic Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell (if applicable):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Directions to your home:** \_\_\_\_\_

\_\_\_\_\_

The following information is required in order to comply with the Department of Community Services Day Care regulations as set forth by the Province of Nova Scotia:

LIST OTHER PERSONS INCLUDING FAMILY MEMBERS RESIDING AT YOUR RESIDENCE

NAME

DATE OF BIRTH

<u>NAME</u>	<u>DATE OF BIRTH</u>
_____	_____
_____	_____
_____	_____

1. Have you ever worked with children? \_\_\_\_\_

2. What do you feel you would like about working with children? \_\_\_\_\_

\_\_\_\_\_

3. Are you presently caring for children? \_\_\_\_\_ How many? \_\_\_\_\_

4. Reasons you want to give care: \_\_\_\_\_

5. How many children would you like to care for and what ages? \_\_\_\_\_

\_\_\_\_\_

6. What hours are you willing to provide care? \_\_\_\_\_

\_\_\_\_\_

7. When would you be willing to provide care?(i.e. immediate) \_\_\_\_\_

\_\_\_\_\_

8. Would you be interested in caring for an infant? \_\_\_\_\_

9. As a caregiver what do you think you can offer children? \_\_\_\_\_

\_\_\_\_\_

10. How would you child proof your home so that child(ren) in your care have a safe environment in which to play? \_\_\_\_\_

\_\_\_\_\_

11. How do you guide children's behavior? \_\_\_\_\_

\_\_\_\_\_

12. What types of activities do you think are important? \_\_\_\_\_

\_\_\_\_\_

13. What do you consider to be a nutritious meal or snack? \_\_\_\_\_

\_\_\_\_\_

14. Have you discussed becoming a caregiver with your family? \_\_\_\_\_

What was their reaction? \_\_\_\_\_

\_\_\_\_\_

15. Do you have any pets? \_\_\_\_\_

16. Would you be willing to participate in training workshops? \_\_\_\_\_

\_\_\_\_\_

17. Do you have a car at your disposal? \_\_\_\_\_ Do you plan on driving the children? \_\_\_\_\_

18. In the event of an emergency, if a child gets hurt, do you have a possible substitute?

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Is this person over the age of 18? \_\_\_\_\_

(This person must be listed and acknowledged by the agency and have a child abuse registry check, a criminal records check and first aid training.)

Any information obtained by the Family Home Child Care Society of Pictou County about the applicant is confidential. In order for any individual, including the applicant; to obtain information from the applicants file, they must obtain a court order to do so.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please review the short form of policies as there will be a contract between the Family Home Child Care Society and yourself which will have to signed prior to being approved requiring you to abide by these policies.**