

**LICENSED HOME CHILD CARE
PRE-CONTRACT INFORMATION**

Name: _____

Address: _____

City: _____ Postal Code: _____ Phone #: _____

E-Mail Address: _____

Main Intersection: _____

Local Schools: _____

Language/s Spoken: _____

Others in Household:	Date of Birth	Home during care?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about Today's Family? _____

CHILD CARE EXPERIENCE:

1. _____

2. _____

3. _____

Other Related Experience (i.e. volunteer work with children's group activities): _____

Type of activities planned for children: _____

GENERAL EMPLOYMENT HISTORY: Please write the Company, dates employed and duties

1. _____

2. _____

3. _____

Reason for contacting agency: _____

Are you offering this service presently? _____

What days and hour are you available? _____

Pets: _____ Immunization Dates: _____

PRE CONTRACT CONDITIONS:

The Health Department requires that all Caregivers have an initial medical examination and TB test which must be renewed every three (3) years. Resident household members must show proof of up-to-date immunizations.

Smoking is prohibited while caring for children.

We suggest that all Caregiver attend Professional Development.

All Caregivers must be certified in CPR and First Aid.

We request that all potential Caregivers and resident household members agree to a Police and Catholic Children's Aid Society check.

We request that the home be inspected by the local Fire Department.

Do you have any health problems that would restrict you from lifting or caring for children?

Yes: No:

SAFETY EQUIPMENT: Do you have?

- Smoke Detectors: YES NO
- Household Medication inaccessible to children: YES NO
- Cleaning Products inaccessible to children: YES NO
- First Aid Kit: YES NO
- First Aid Manual: YES NO
- Plan for Fire Escape: YES NO
- Fire Extinguisher: YES NO
- Toddler Gates: YES NO
- Emergency Numbers posted: YES NO

COMMUNITY RESOURCES:

Closest Park: _____

Closest School: _____

Closest Ontario Early Years Centre: _____

Closest Library: _____

REFERENCES (Must be child related and given by non-family members):

1. _____ Phone #: _____
2. _____ Phone #: _____

Signature: _____ Date: _____

<p>FOR OFFICE USE ONLY:</p> <p>Date Received: _____</p> <p>Date Called: _____</p> <p>Contacted by: _____</p> <p>Pre-Contract meeting schedule: YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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