



EDUCATOR APPLICATION

Name: _____

Address: _____

Mailing Address (if different from above): _____

Postal Code: _____ Home Phone: _____

Email: _____

Social Insurance Number: _____

Names and Birthdates of children residing with you:

_____	_____
_____	_____
_____	_____

Other residents of your home, who are over 18 years of age:

_____ Relationship _____

_____ Relationship _____

Does your whole family support you in this application to become a Day Home Educator?

Have you completed any classes in Early Childhood Education, psychology, nutrition, crafts, etc?

Are you interested in increasing your knowledge and understanding of young children?

Yes _____ No _____

If so, by what means?

Personal reading and research _____ Training Sessions _____ College Classes _____

Meetings _____ Workshops _____ Other _____

Do you have any special abilities or interests that would help you to relate to

children? _____

Do you normally plan ahead in daily activities...etc? _____

Do you smoke? _____

Have you experienced any of the following in the past five years?

a) Serious Illness: _____

b) Injury: _____

c) Health Problems: _____

d) Professional assistance with any emotional, psychological, behavioral, or psychiatric problems:

Do you have a valid driver's license at this time? _____

Do you have pets in your home? _____

Have you been a Day Home Educator in the past? _____

Which Agency were you with? _____

Do you have a valid First Aid Certificate? _____ Expiry Date: _____

When would you be available to start caring for children? _____

Are you willing to provide care during extended hours (i.e.: evenings, weekends, and holidays)?

Yes _____ No _____

What hours would you be available? _____ to _____

Do you have any preference regarding the ages of children in your care?

How many children would you be willing to care for? _____

Are you willing to provide care for children with Special Needs? _____

What makes you interested in becoming a Day Home Educator?

As part of the approval procedure, we require that you obtain the following documentation:

- a) **Criminal Record Check:** On all residents of your home, over the age of eighteen years.
- b) **Child Intervention Check (from CFSA):** On all residents of your home, over the age of eighteen Years.

These checks can only be requested by the person who is the subject of the information. Therefore, it is the responsibility of the applicant to provide these results of these checks to our Agency.

Signature of Applicant: _____

Date: _____

Apple Blossom Day Homes requires that you supply the names and addresses of three references. Each will be mailed a questionnaire regarding your suitability for our Day Home Program. We request that you have known these people at least three years, if possible. Do not include relatives.

1. Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code _____

Email Address: _____

2. Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code _____

Email Address: _____

3. Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code _____

Email Address: _____



IMMUNIZATION VERIFICATION

In order to safeguard the children who may be placed in your care, we require that you provide verification that you and the other members of your household have been immunized. Please have this form signed at your local Health Unit, or provide copies of the immunization records for your family.

1. Name: _____ DOB: _____ AHC# _____

2. Name: _____ DOB: _____ AHC# _____

3. Name: _____ DOB: _____ AHC# _____

4. Name: _____ DOB: _____ AHC# _____

5. Name: _____ DOB: _____ AHC# _____

6. Name: _____ DOB: _____ AHC# _____

Other residents of this household:

1. Name: _____ DOB: _____ AHC# _____

1. Name: _____ DOB: _____ AHC# _____

I hereby declare that the above mentioned people are currently up-to-date in their immunization.

Signature of Health Nurse: _____

Date: _____



DOCTORS REPORT

This is to certify that I have examined _____

and found her to be in good physical and mental health and capable of caring for young children, on a daily basis.

Doctor's Signature: _____

Date: _____