

**HOME & HEART FAMILY HOME DAY CARE AGENCY**

**Child Care Provider Information**

<b>NAME:</b>
<b>MAILING ADDRESS:</b>
<b>CIVIC ADDRESS (if different from above):</b>
<b>TELEPHONE:</b>
<b>EMAIL:</b>
<b>NUMBER OF CHILDREN &amp; AGES (living in the house):</b>
<b>NAMES OF ALL ADULTS LIVING IN THE HOUSE (over age 18):</b>
<b>PETS:</b>
<b>IS YOUR HOME SMOKE-FREE?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>EXPERIENCE WITH CHILDREN:</b>
<b>EDUCATION:</b>
<b>EARLY CHILDHOOD EDUCATION OR TRAINING:</b>

**FIRST AID / CPR TRAINING (give dates):**

**DO YOU HAVE ANY HEALTH ISSUES WE SHOULD BE AWARE OF?**

Yes

No

**ARE YOU WILLING TO PARTICIPATE IN SOME FAMILY HOME DAY CARE ACTIVITIES?**

Play Group

Home Visits

Training

Meetings (twice per year)

Toy Library

Professional Development

**HOURS OF OPERATION:**

**FEES:**

**DO YOU HAVE LIABILITY INSURANCE?**

Yes

No

**# CHILDREN  
INFANTS**

**TODDLERS**

**PRESCHOOL**

**SCHOOL-AGE**

**TOTAL**

**SIGNATURE:**

**DATE:**

**OFFICE USE ONLY**

Date of acceptance: \_\_\_\_\_

Date of Home inspection: \_\_\_\_\_

Signature of Director: \_\_\_\_\_