



Lamont County Regional Family Day Home Program Provider Application

Please find enclosed a Family Day Home application form. Please ensure you have included a copy of the following:

- ✓ RCMP Criminal Record Check and CYIM Intervention Record Check, for any one 18 and older living in your home.
- ✓ A statement signed by the applicant disclosing any prior criminal offense of any person younger than 18 years who resides with the provider in the proposed family day home.
- ✓ Vehicle Insurance
- ✓ House Insurance
- ✓ Pet Immunization
- ✓ Child Care First Aid
- ✓ Evacuation Plan
- ✓ A letter of consent from your Landlord if you rent.

Please note, the CYIM Intervention Record Check will be back within three weeks time, please forward them to us at this time.

Sincerely,

Leah Bartz
Family Day Home Coordinator
Family and Community Support Services
Lamont County Region



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Personal Data

Name:	Date of Birth:
Address:	
Telephone: ()	Social Insurance #:
Marital Status:	

Spouse Name:	Date of Birth:
Address:	
Telephone: ()	

Children's Names, Ages & Birthdays

Others in the household & age (relatives, borders, children you are presently caring for)

Do you own _____ Rent _____ your home? If you rent, please provide, in writing, proof that the landlord is aware of and approves the operation of your day home.

Type of dwelling? _____

Why do you want to become a provider?

Employment History: If applicable, list last two places of employment

Name of organization/Employer	Position	Dates





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Does your family support you in this application to become a Family Day Home Provider? Explain

What are your priorities in regards to your family and your own personal free time?

Education: give highest grade attained and post secondary education. Include workshops and courses completed

Have you cared for children in the past? _____
If yes, names of parents and duration of care (they may be phoned for a reference)

_____	_____
_____	_____
_____	_____
_____	_____

Special Interests and abilities: Include those that would help you relate to children:

Memberships: List organizations, clubs, or associations you belong to including volunteer experience.



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Specifics of Care

Please describe how you will ensure that you provide quality care and dependability that Lamont County Regional Day Home Programs represents.

Are you interested in providing care for children during extended hours? _____

Evenings: _____ Overnight: _____ Weekends: _____

Comments: _____

Are you interested in providing care for children with special needs? (Physically, emotionally, or socially delayed)? _____

What types of skills do you possess that would assist you in caring for children with special needs?

What daily activities would you provide for children, indoor and outdoors?

0-12 months:

12-36 months:

3-4 years

5 years

Before and after school care



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Please describe behavior management techniques you find effective in caring for your own children.

How would you discipline a child in your care?

How would you discuss a child's behavior issue with a parent?

Please list some ideas for snacks, drinks and lunch:

Other

Does anyone in your family smoke?

Please list types and number of pets.

Are pet's immunizations up to date?

*Please provide a copy of documentation.



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Do you anticipate any change during the next year in family, job or residence that may affect your suitability to become a Family Day Home Provider? Please Explain

Medical Background

Please describe your health.

To become a provider, you will be required to obtain a medical certificate verifying your good health and freedom from infectious disease. Do you foresee any difficulties?

Have you or any family member experienced any of the following? If so, describe:
Serious illness or health problems:

Injury: _____

Professional assistance with marital problems: _____

Professional assistance with emotional, psychological, behavioral or psychiatric problems: _____

Drug or alcohol abuse: _____

Police involvement for anything other than a minor traffic violation: _____

Driver's license suspended or revoked: _____

Has anyone who resides in your household under the age of 18 committed a criminal offense? _____

If so, please attach police documentation of the offense to this package. If there is any criminal involvement that occurs during your role as a provider you are required to disclose that information to the agency with proper documentation.



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References

References: Please give names and addresses of four persons who are not relatives and who know you well in order that we may contact them for references. These references must have known you for the last two years.

Name: _____ Address: _____
Occupation: _____
Telephone number: _____

Name: _____ Address: _____
Occupation: _____
Telephone number: _____

Name: _____ Address: _____
Occupation: _____
Telephone number: _____

Name: _____ Address: _____
Occupation: _____
Telephone number: _____

I, _____ am the spouse of the applicant and am aware of his/her application. I am supportive of the applicant caring for children in our home.

Signature of spouse

Date

The information provided on this application is true and correct.

Applicants signature

Date



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Permission to Share Personal Information

Lamont County Family Day Home Agency is accountable to East Central Alberta Child and Family Services Authority. By being held accountable the CFSA needs to have access to your files. The CFSA and Lamont County Family Day Home Agency go to great lengths to keep your files confidential. The information in these files will not be shared with any other agency or outside source. Your files are only looked at to ensure you are receiving the best possible treatment from Lamont County Day Home Agency.

I hereby give permission for East Central Alberta Child and Family Services Authority to look at my files.

Date

Provider Signature



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PHYSICIAN'S NOTE

TO THE FAMILY PHYSICIAN: The person named below has applied to the Lamont County Regional Day Home Program to be a Provider, which means that they will be responsible for the care of up to six children (usually ages 0-6) in their home.

SECTION A: To be completed by applicant.

Name: _____
Surname First Middle

Address: _____

Telephone # Home: _____ Work: _____

Date of Birth _____

SECTION B: To be completed by Family Physician

In your professional opinion, is there any reason that this person should not act in this capacity? (Mental or physical illness, substance abuse, behavior indicators)?

Comments: _____

How long have you known the applicant: _____

Physician's Name: _____ Signature: _____

Office Address: _____

Telephone: _____ Date: _____





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Promise of Confidentiality Agreement - Provider

I, _____, in consideration and as a condition of my involvement with Lamont County, acknowledge that as a provider, I will acquire information about certain matters which are confidential to Lamont County, its families and child care providers which information is the exclusive property of Lamont County.

I understand and acknowledge the information I am receiving is to be held in confidence and therefore not too discuss any information without the prior written consent of the concerned parties. Accordingly, I undertake to treat confidential all information received by reason of my involvement and agree not to disclose it to any third party, either during my involvement, except as may be necessary to perform my duties, or after termination of my involvement with Lamont County, for any reason, except with the written permission of Lamont County.

Signature: _____ Dated in _____,

AB. This _____ day of _____ 20__

Promise of Confidentiality Agreement – Spouse/Partner

I, _____, in consideration and as a condition of my involvement with the Lamont County, acknowledge that as a spouse/partner, I will acquire information about certain matters which are confidential to the Lamont County, its families and child care providers which information is the exclusive property of Lamont County.

I understand and acknowledge the information I am receiving is to be held in confidence and therefore not too discuss any information without the prior written consent of the concerned parties. Accordingly, I undertake to treat confidential all information received by reason of my involvement and agree not to disclose it to any third party, either during my involvement, except as may be necessary to perform my duties, or after termination of my involvement with the Lamont County, for any reason, except with the written permission of Lamont County.

Signature: _____ Dated in _____,

AB. This _____ day of _____ 20__