

**City of Cornwall  
Child Care Services**

**Home Child Care Provider Application**

**A. Applicant Information**

Last Name:		First Name:	
Previous Name:		Date of Birth ( <i>day/month/year</i> ):	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated/Divorced			
Address:		Apartment Number:	
City:	Postal Code:	Township:	
Home Telephone:		Cell:	
Spouse's Last Name:		First Name:	
Date of Birth ( <i>day/month/year</i> ):			

**B. Other Adults Living in the Home**

Name:	Relationship:
Name:	Relationship:

**C. Own Children Living in the Home**

First Name:	Date of Birth ( <i>day/month/year</i> ):	Is child attending school? Yes    No
First Name:	Date of Birth ( <i>day/month/year</i> ):	Is child attending school? Yes    No
First Name:	Date of Birth ( <i>day/month/year</i> ):	Is child attending school? Yes    No
First Name:	Date of Birth ( <i>day/month/year</i> ):	Is child attending school? Yes    No

**D. Children Being Cared for Privately**

First Name:	Date of Birth (day/month/year):	Days and Hours of Care:
First Name:	Date of Birth (day/month/year):	Days and Hours of Care:
First Name:	Date of Birth (day/month/year):	Days and Hours of Care:
First Name:	Date of Birth (day/month/year):	Days and Hours of Care:

**E. Age Group of Children Preference:** (please select all applicable)

Infant      Toddler      Preschool      School Age      No Preference

**F. Language(s) Spoken:** (please list)

**G. Do you own or rent your home?**      Own      Rent

**H. Is your home a non-smoking home?**      Yes      No

**I. Do you have pets in your home:** (please list)

**J. Do you have a pool or pond:** (please list)

**K. Related Work Experience:** (please list)

**L. Hours Willing to Provide Child Care:** (please list)

**M. How did you hear about our agency?**

Newspaper      Word of mouth      Web site      Other

**The Agency will contact you if there is a need for services in your area.**

**Please return completed application to:**

**City of Cornwall Child Care Services Division**

**Mail:** P.O. Box 877  
Cornwall, ON  
K6H 5T9

**Fax:** 613-930-7454

**Drop Off:** Social Services  
Form Deposit Drop Off Box  
340 Pitt Street, Cornwall  
(Outside main front door)

*If you have any question while completing this form, a Child Care Services staff would be happy to assist you. The phone number is 613-933-6282 extension 3310. Please notify the Child Care Services Division of any changes to your contact information.*

Office Use Only

Date received: