

		Last Name:		_ Age:
1-	Indicate the region you	are currently livir	ng by circling aroun	d.
York Re	gion Toronto Region	Peel Region	Halton Region	Durham Region
2-	Location? Address Unit Number	Address:		
	City:	Province:	Contact N	lumber:
	Email:			
3-	Do you live in a house or	apartment? (If s	so what floor)	
	Sauara	motor of the are	ea care will be provi	dadı
4-	How many people live in		-	
-	a- Ages of people	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	b- Name	•
	Do you have a balcony in your building? Do you have access to gated door?			
7-	Do you have a swimming pool in your house or back yard? Is it gated? Is it easily accessible?			
8-	Do you have any pets in your home?			
9-	Do you have a basement? If so, is it finished or unfinished?			
10- 11-	Do you have the following documents – if not what is your time line of obtaining the documents Do you have a space that you can dedicate to childcare? A- Valid CPR level C B- Vulnerable Sector screening – Last day of obtaining the report C- Immunization Record D- Food Handler Certificate			
	What is your educationa	=		
13-	What age group do you	enjoy working ai	nd providing care fo	or?

Toddler

Yes

Preschool

14- The work day is Monday- Friday from 7;30 am - 6:00 pm. Can you make a commitment for the time

No

Infant

block?