

JANE NORMAN
COLLEGE
Family Home Child Care Agency

Application for Approval of Family Home Child Care

Name: _____

Address (civic & mailing): _____

Phone Number: _____ cell: _____

E-Mail: _____

Child Care Provision

Hours of Care	
Days per week – circle days	Mon Tues Wed Thurs Fri Sat Sun
List months child care provided	

Names & birthdates of care provider’s own children age 0 – 11 years that may be on site when child care is being provided:

Name	DOB (dd/mm/yy)

Names & ages of any other person (including children who are 12 years & older) who normally resides in the family home or who may be on the premises when child care is provided:

Name	

Child Care Specifics:

- Age Range – what are the minimum & maximum ages of children you would like to provide care for?

Child Care Education/Training and or Experience: _____

Pets:

Smoking or Non smoking Environment: _____

References: two persons who are acquainted with you & can be contacted by the agency.

Name	Address	Phone Number

Signature of Care Provider _____ Date _____

Next Steps of the Approval Process

1. Interview & initial home visit.
2. Requirements completed & confirmed – this may include another home visit.
3. Recommendation for Approval
4. Service Agreement
5. Approval & Provider package.

If not completed with Family Home Consultant in attendance, please mail to:

Lea Anne Joudrie
c/o Jane Norman College
60 Lorne St. Suite # 1
Truro, NS B2N 3K3

Questions – contact at 902-893-3342; leanne.joudrie@janenorman.ca