

New Dimensions Family Day Home Program Inc.
APPLICATION FOR PROSPECTIVE PROVIDERS

NAME: _____ DATE: _____

Address: _____ AREA: _____

PHONE: _____

Type of Home: _____ Fenced Yard: _____

NAMES AND BIRTH DATES OF YOUR OWN CHILDREN IN YOUR HOME:

_____	_____
_____	_____
_____	_____

OTHER ADULTS LIVING IN THE HOME:

NON SMOKING RESIDENCE: _____ Pets: (Type/Breed) _____

Are you comfortable with all pre-school age groups? _____

Would you be prepared to be flexible with the hours of care you provide? _____

Do you have a play space available? _____

Describe indoor/outdoor activities you would involve children in: _____

How would you rate your home for cleanliness? _____

Have you ever been involved with a Family Day Home Program in the Past? _____

Experience/training in child care: _____
