

Child Care Registry Application - Adults

First Name	Last Name	Pronouns
City/Town	Postal Code	
Language(s) Spoken		
Personal Email Address	Primary Phone	Secondary Phone
<input type="checkbox"/> Regular Member	<input type="checkbox"/> Reserve Member	<input type="checkbox"/> Veteran
<input type="checkbox"/> Defence Community	<input type="checkbox"/> Other	

Please describe your child care experience:			
Do you have experience babysitting children with special needs?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any education or certificates specifically related to the care of children? If yes, please list below:			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any of the following: (please provide copies)			
Current criminal record check:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	As of:
Vulnerable sector check:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	As of:
Up to date CPR/First Aid training:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	As of:
Does anyone in your household have any of the following: (please provide copies)			
Current criminal record check:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	As of:
Vulnerable sector check:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	As of:
Up to date CPR/First Aid training:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	As of:
What age group do you provide child care for:			
<input type="checkbox"/> 0-11 months <input type="checkbox"/> 4 years and up <input type="checkbox"/> 12 months to 2 years <input type="checkbox"/> School-aged children <input type="checkbox"/> 2 to 4 years			
When would you be available for work? (check all that apply)			
<input type="checkbox"/> Evenings <input type="checkbox"/> Part Time <input type="checkbox"/> Weekends <input type="checkbox"/> Overnight <input type="checkbox"/> Stat Holidays <input type="checkbox"/> Daytime <input type="checkbox"/> Full Time <input type="checkbox"/> Before/After School <input type="checkbox"/> Emergency Drop-in <input type="checkbox"/> PD Days			

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Do you currently run a dayhome?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it licensed through an agency? If yes, provide agency name below:
<input type="checkbox"/> Yes <input type="checkbox"/> No
If a dayhome, do you accept/offer subsidy?
Have you met municipal and/or CFHA requirements for your dayhome? (please provide a copy)
<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of child care offered (check all that apply):
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Emergency Respite <input type="checkbox"/> Other
Do you have any pets in the home? If yes, please specify:
<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide a nut-free environment?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If requested, would you be able to provide references?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Have these references seen your interactions with children?
<input type="checkbox"/> Yes <input type="checkbox"/> No

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The Edmonton Military Family Resource Centre does not conduct reference checks on clients requesting to view the Child Care Registry. Therefore, we strongly advise that you speak with and/or visit any parent(s)/guardian(s) before providing child care services for them.

I give permission and agree to allow the Edmonton Military Family Resource Centre to provide my personal information to individuals interested in contacting me for child care services. I am aware the Child Care Registry is solely provided for the user's information and convenience, and it is provided without warranty of any kind. I understand that the decision to provide child care to any person accessing the Child Care Registry is solely at my own discretion.

In consideration of the Edmonton Military Family Resource Centre permitting me to be added to the Child Care Registry, I, on behalf of myself, heirs, executors, administrators, successors and assigns hereby waive and release any and all claims for damages which I may have against the Crown in right of Canada, the Edmonton Military Family Resource Centre, their Officers, Members, Agents, Employees and all other persons in any way involved with the organizing, planning, controlling, directing or administering the said program and their respective Heirs, Servants, Agents and Assigns for any and all losses caused which I may sustain while taking part in the Child Care Registry program, or as a result of.

I am aware that the Edmonton Military Family Resource Centre reserves the right to remove me from the Child Care Registry at its discretion and at any time without notice.

Name of Child Care Provider (please print)

Date

Signature of Child Care Provider

Please note, updates to our Child Care Registry occur on a quarterly basis to ensure accuracy of information and confirmation of continual interest to remain on the list. After three unsuccessful attempts to make contact, information will be removed.

☐ I agree to be contacted