

## EDUCATOR REGISTRATION FORM

JDM Dayhome Agency - 14423160 Canada Foundation - PRINT, SIGN, AND EMAIL - Electronic signatures not accepted

### 1. REGULATORY IDENTITY AND LICENSING DATA

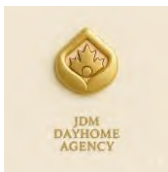
Dayhome Program Name	Agency Affiliation	Date of Birth (M/D/Y)
Program Start Date	Legal Name (First / Middle / Last)	Certification Level
Certification Number	Cert. Expiry Date (M/D/Y)	Educator Emergency Contact (Legal Name / Number)
Primary Phone	Alternate Phone	Primary Email
Secondary Email	Languages Spoken	Program Address
Municipality	Province	Postal Code
Operating Hours (e.g. 7am-5:30pm)	Days (Mon-Sun)	Age Groups Accepted

### 2. EDUCATOR BACKGROUND AND EXPERIENCE

Years of Childcare Experience	Previous Dayhome Operator?
Work Eligible in Canada?	Business Registered?
Previous Agency Name	Business Registration Number
Reason Left Previous Agency	

### 3. INSURANCE AND LIABILITY (MINIMUM \$2,000,000 FOR BOTH COMMERCIAL AND HOME COVERAGE)

Home Insurance Provider	Policy Number
Commercial Insurance Provider	Policy Number



#### 4. EDUCATOR'S OWN CHILDREN (FOR RATIO CALCULATION)

#	Child Legal Name (First / Middle / Last)	Date of Birth

#### 5. RESIDENTS OVER AGE 18

#	Legal Full Name (First / Middle / Last)	Relationship

#### 6. HOUSEHOLD AND PROPERTY DETAILS

Total Household Members	Adults Working Outside Home?
Adults Working From Home?	Home Ownership (Own / Rent)
Landlord Permission? (Y/N)	Landlord Legal Name
Landlord Contact Number	Residence Type (Single/Duplex/Triplex/Semi)
Dayhome Floor Level (Main/Basement/2nd/3rd)	Cameras in Home? (Y/N)
Camera Disclosure to Parents? (Y/N)	Smoke-Free Site? (Y/N)
Wood Stove? (Y/N)	Fireplace? (Y/N)

#### 7. SUBSTITUTE / BACKUP EDUCATORS

#	Backup Legal Name (First / Middle / Last)	Cert. Level	Cert. #

#### 8. TRANSPORTATION AND VEHICLE SAFETY (IF APPLICABLE)

Transport Children by Vehicle

Driver Name (First / Middle / Last)	Relationship
Driver Licence Class	Licence Number
Expiry (M/D/Y)	Vehicle Make
Model	Year
Licence Plate	Insurance Valid?

#### 9. PET SCREENING

Pets Present? (Y/N)	Pet Type
Vaccinations Current? (Y/N)	Pet Location (e.g. inside, cage, fish tank)