

Family Child Care Home Licence Application



Did you view the **Online Licensed Family Child Care Home Provider Information Session?** Please view the information session before submitting your application.

| Applicant Information | |
|-----------------------------------------------------|------------------------|
| First Name | Last Name |
| Previous Names (if applicable) | |
| Date of Birth (<i>Year-Month-Day</i>) | Health Services Number |
| Street Address | |
| City/Town | Postal Code |
| Mailing Address Same as above: Street/Box Number | |
| City/Town | Postal Code |
| Email Address | Daytime Phone |

| Household Information | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------|
| Provide information for all individuals residing in your home, including your children, spouse, relatives, and non-relatives (if applicable). Attach an additional sheet, if necessary. | | |
| First and Last Name | Date of Birth (<i>Year-Month-Day</i>) | Relationship to Applicant |
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Please attach the results of a **Criminal Record Check, including a Vulnerable Sector Search** for yourself, and any family members or individuals residing in your home 18 years of age or older in separate, sealed envelopes.

What type of Family Child Care Home Licence are you interested in applying for?

Please check (✓) the appropriate box.

- Family Child Care Home (maximum 8 children)
- Group Family Child Care Home (maximum 12 children – with an assistant)
- Teen Student Support Home (maximum of 6 children – associated with a high school).

References

Please provide the name and addresses of four character references who may be consulted by the Ministry of Education. Immediate family members (parents, siblings, children) are not accepted as character references. A maximum of one extended family member may be accepted as a character reference.

The Ministry of Education may also conduct global reference checks by individuals not listed below.

| | | |
|---------------------------|----------|---------------|
| First and Last Name | | |
| Street Address | | |
| City/Town | Province | Postal Code |
| E-mail Address | | Daytime Phone |
| Relationship to Applicant | | |
| | | |
| First and Last Name | | |
| Street Address | | |
| City/Town | Province | Postal Code |
| E-mail Address | | Daytime Phone |
| Relationship to Applicant | | |
| | | |
| First and Last Name | | |
| Street Address | | |
| City/Town | Province | Postal Code |
| E-mail Address: | | Daytime Phone |
| Relationship to Applicant | | |
| | | |
| First and Last Name | | |
| Street Address | | |
| City/Town | Province | Postal Code |
| E-mail Address | | Daytime Phone |
| Relationship to Applicant | | |

Applicant Checklist

Complete this checklist to assist you in submitting your application form.

- View the Online Family Child Care Home Provider Information Session
- Complete and sign the Family Child Care Home Licence Application Form
- Complete and attach the Family Assessment Questionnaire
- Attach the results of your Criminal Record Check
- Attach the results of a Criminal Record Check for anyone residing in the home 18 years of age or older, each in a separate sealed envelope.

Applicant Signature

I hereby certify that the information given in this application is accurate and has not been altered in any way. I give consent for the Ministry of Education to release facility information to the Ministry of Social Services to administer the payment of child care subsidies to my home upon licensure.

Signature

Date



Please ensure your application is complete, with the appropriate documents attached. Incomplete applications will not be processed and will be returned to you.

Mail your complete application to your regional Early Learning and Child Care Service Delivery Office.

Central and Northern Regions

ELCC Service Delivery
Ministry of Education – Early Years Branch
8th floor, 122 - 3rd Avenue North
SASKATOON SK S7K 2H6

Southern Region

ELCC Service Delivery
Ministry of Education – Early Years Branch
2 – 2220 College Avenue
REGINA SK S4P 4V9

For Office Use Only

Application recommended

Application not recommended

Consultant Signature

Signature

Date