

# Family Child Care Home Licence Application

Did you view the online **Family Child Care Home Initial Licensing Information Session**? Please complete the information session before submitting your application.

Applicant Information	
First Name	Last Name
Previous Names (if applicable)	
Date of Birth (yyyy-mm-dd)	
Street Address	
City/Town	Postal Code
Mailing Address Same as above: <input type="checkbox"/>	Street/Box Number
City/Town	Postal Code
Email Address	Daytime Phone
Are you legally entitled to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Household Information		
<i>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.</i>		
First and Last Name	Date of Birth	Relationship to Applicant

Please attach the original 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 Initial Licensing Information Session
- Complete and sign the Family Child Care Home Licence Application Form
- Complete and attach the Family Assessment Questionnaire
- Attach the **original** results of your Criminal Record Check
- Attach the **original** results of a Criminal Record Check for anyone residing in the home 18 years of age or older, each in a separate sealed envelope.
- Are you already providing child care in your home?     Yes     No

### 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 Child Care Operations office.**

#### Central and Northern Regions

Child Care Operations  
Ministry of Education – Early Years Branch  
8th floor, 122 - 3rd Avenue North  
SASKATOON SK S7K 2H6

#### Southern Region

Child Care Operations  
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