



Department of Health

DAY CARE PROVIDER APPLICATION

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK. Please read the attached checklist before completing this form. Once completed, return the form to Child Care Quality Assurance Programme, Ministry of Health, Continental Building, 25 Church Street, Hamilton HM 12
The maximum number of pre-school children permitted to be cared for is three (3)

PART I. GENERAL INFORMATION

First Name		Middle Name	Last Name	
Maiden Name		Social Insurance No.	Passport No.	
Date of Birth (dd/mm/yy)		Age	Gender (Male/Female)	
Home Address (#, House Name)		Street		Postal Code
Mailing Address (if different from above)		Street		Postal Code
Email:				
Home Number		Cell Number	Alternative number	
What language is spoken in the home <input type="checkbox"/> English <input type="checkbox"/> Portuguese <input type="checkbox"/> Other _____				
<i>(if you are non-Bermudian, please attach spousal letter or work permit)</i>				
Nationality: <input type="checkbox"/> Bermudian <input type="checkbox"/> Other _____				
If Bermudian have you ever lived outside of Bermuda? <input type="checkbox"/> Yes (how long ____years) <input type="checkbox"/> No				
(If yes) Address		City	State/Country	Zip Code

Child Care Quality Assurance Programme
Continental Building, 25 Church Street, Hamilton HM 12

EDUCATION (Schools, Colleges, etc...)	Start Date	End Date
CURRENT EMPLOYMENT (Title/Position)	Company	Date Started
PREVIOUS EMPLOYMENT (Title/Position)	Company	Date Started/Ended
Qualifications: (Academic/Professional/Technical) Copies to be attached		

PART II. POLICE RECORD & CHILD AND WELFARE CHECK

How many people live in your household? _____. List all members of your household, date of birth and relationship to you. All persons 18 years and older must fill in a Police Release Form.

Name	Date of Birth (dd/mm/yy)	Age	Relationship to you

PART III. ADDITIONAL INFORMATION

1. Any convictions in any criminal or civil proceedings in Bermuda or any other jurisdiction? Yes No

If yes, give details:

2. Have you ever been referred to Child & Family Services? Yes No

If yes, give details:

3. Have you been refused registration to act as a foster parent? Yes No

If yes, give details:

4. Has a child of yours been the subject of action under child protection procedures? Yes No

If yes, give details:

5. Have you been involved in an alleged incident of abuse or neglect of a child? Yes No

If yes, give details:

PART IV. CHILD CARE PROVIDER INFORMATION

The maximum number of pre-school children permitted to be cared for is three (3).

Address (#, House Name)	Street	Postal Code
Do you have CPR & First Aide Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach a copy of your certification	

On Call Person

You are required to have an on call person in or policy for closure in case of emergency. The oncall person must be 18 years old or older. They cannot be a registered provider already caring for children.

Who will provide substitute care in your home? (They also need to be CPR/First Aid qualified AND fill in a Police Release Form)

Last	First	Middle
Address (#, House Name)	Street	Postal Code
Date of Birth		Age

What are the days and hours in which you plan to provide child care in your home?

What age group will you care for?

Are you now providing child care in your home? Yes No

Does anyone in your household smoke? Yes No

Do you have any pets? Yes No

If yes, how many and what kind?

Persons may be considered unfit to provide day care by reason of infirmity, ill-health or drug abuse. Please return the completed **Annual Day Care Provider Certification by a Medical Practitioner Form** certifying that you are fit to provide day care, have passed a drug test, and are currently appropriately immunized.

In your own words state why you should be an applicant to be registered as a Day Care Provider. List any specific achievements, personal qualities which would support your application. (Please attach a piece of paper if needed).

PART V. CHARACTER REFERENCES

Written Character References are to be provided by the below mentioned individuals and attached to the application. Both people must be unrelated to you. At least one of your references must be able to tell us about your character, reputation and suitability to work with children. This person may be a friend, neighbour, clergyperson or anyone else who knows you well. The second reference may be from a former employer, teacher or the parent of a child you have cared for. If you have not worked or cared for children before, list another friend, neighbour, or unrelated person.

Name:	Name:
Address:	Address:
Occupation:	Occupation:
Telephone:	Telephone:

Declaration: In signing this application form, I consent for the Department of Health to contact the relevant entities and individuals to verify the information provided on this application and to make enquires relating to that information as reasonably necessary, solely for the purpose of this application and the maintenance of any registration if granted. I therefore, authorize these entities and individuals to pass all such information to the Department of Health.

Signature: _____ Date: _____