

Department of Health

DAY CARE CENTRE REGULATIONS, 1999

APPLICATION FOR CERTIFICATE/REGISTRATION

| | APPLICATION: | PERSON IN CH | HARGE [| | DEPUTY | | STAFF | |] | |
|---|-----------------|--------------|---------|----|----------------|------|--------------|---------|-----------------|--|
| - | At: | | | | | | | | | |
| - | | | | Do | ay Care Centre | | | | | |
| - | | | | | | | | | | |
| _ | PERSONAL DATA: | | | | | | | | | |
| _ | NAME: | | | | | | | | | |
| | BIRTHDATE: | | | | | A | AGE: | SEX: | F | |
| - | ADDRESS: | | | | | | | | | |
| | TELEPHONE: | | | | | | | | | |
| | E-MAIL: | | | | | | | | | |
| - | MARITAL STATUS: | SINGLE | MARRIED | | NATIONAL | ITY: | BERMUDIAN | NON-BER | non-bermudian [| |
| - | EDUCATION: | | | | | | | | | |
| | School | | | | | | Year Started | Year | Left | |
| _ | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| _ | | | | | | | | | | |
| - | | | | | | | 1 | 1 | | |

| 4. | EMPLOYMENT: | | | | | | | | | |
|----|---|------------|-----|--|----|--|--|--|--|--|
| | Current Position: | | | | | | | | | |
| | Company: | | | | | | | | | |
| | Date Started: | | | | | | | | | |
| | | | | | | | | | | |
| | Previous Position: | | | | | | | | | |
| | Company: | | | | | | | | | |
| | Date Started: | Date Left: | | | | | | | | |
| | Previous Position: | | | | | | | | | |
| | Company: | | | | | | | | | |
| | Date Started: | Date Left: | | | | | | | | |
| | | I | | | | | | | | |
| | | | | | | | | | | |
| 5. | ADDITIONAL INFORMATION: | | | | | | | | | |
| | Convictions in any criminal or civil proceedings? | | Yes | | No | | | | | |
| | If Yes, Explain | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 6. | Have you ever been referred to the Department if Child and Family Services? Yes No | | | | | | | | | |
| | If Yes, Explain | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

| CHARACTER REFERENCES | | | | | |
|------------------------------------|--|--|--|--|--|
| (Provide tv authority) | o references, NOT relatives or employers and a written reference from a credible | | | | |
| Name: | | | | | |
| Address: | | | | | |
| Telephone: | | | | | |
| Occupation | 1: | | | | |
| Name: | | | | | |
| Address: | | | | | |
| Telephone: | | | | | |
| Occupation | l: | | | | |
| I certify, to factual. | the best of my knowledge that the information contained in this application is true and | | | | |
| | the best of my knowledge that the information contained in this application is true and | | | | |
| | the best of my knowledge that the information contained in this application is true and Date: | | | | |
| factual. Signature: | DD/MM/YY | | | | |
| factual. Signature: For your app | Date: | | | | |
| Signature: For your app □ Com | Date: Docume | | | | |
| Signature: For your app □ Com | Date: Docume | | | | |
| Signature: For your app □ Com | Date: DD/MM/YY Date: DD/M | | | | |
| Signature: For your app □ Com | Date: Dom/MM/YY Date: Dom/MM/YY Dication to be considered for processing the following items must be included: pleted application form or's certificate: a. Free from communicable disease | | | | |
| Signature: For your app Comp | Date: Dol/MM/YY Date: Dol/MM/YY Dication to be considered for processing the following items must be included: Dieted application form Dr's certificate: a. Free from communicable disease b. Drug test | | | | |
| Signature: For your app Comp | Date: DD/MM/YY Date: DD/MM/YY Diate: Diate: DD/MM/YY Diate: Diate: Dia | | | | |
| Signature: For your app Com Docto | Date: DD/MM/YY | | | | |

 $\hfill \square$ Reference from credible authority

PERSONNEL QUALIFICATION FOR DAY CARE CENTRE EMPLOYEES

| STAFF | MINIMUM QUALIFICATIONS |
|-------------------------|---|
| Person-in-Charge | > 21 years of age |
| | At least 3 years experience in a Day Care setting and one of the following |
| | > Associate degree in Early Childhood Education; or equivalent |
| | A degree other than an Associate degree that included 4 courses in Early Childhood Education |
| | > BA degree in Early Childhood Education or equivalent |
| | > Plus 1 years post qualification experience |
| Deputy Person-in-Charge | ➤ 21 years of age |
| | Bermuda College Certificate for Child Care Assistant, or equivalent; |
| | > 3 years post qualification experience and/or |
| | An Associate Degree in Early Childhood Education, or its equivalent and 1 years post qualification experience |
| Staff | ➤ At least 18 years of age |
| | Bermuda College Certificate for Child Care Assistant or equivalent |