

## **Department of Health**

Return to the Child Care Regulation Programme by email <a href="mailto:childcare@gov.bm">childcare@gov.bm</a> or to the address below.

## DAY CARE PROVIDER EMERGENCY/RELIEF PERSON REGISTRATION FORM

Personal Information:			
Day Care Provider Name:			
Emergency Relief Emergency relief person will provide only temporary cover for a provider e.g. the provider needs to take a child to the hospital.	Substitute Relief Substitute must be registered through CCRP as a Day Care Provider, these persons can fill you are away for an extended period of time.		
Name:	Name:		
Physical Address:			
House No. Stree	t Address	Parish and Post	tal Code
Home Phone:	Cellular:		
E-mail Address:			
CPR Certification & First Aid Certification (Required - Substitute Relief & Emergency Relief):		Yes □	No 🗆
DCFS Child Abuse Clearance Form (Required – Substitute Relief only): <u>STRONGLY</u> <u>RECOMMENED FOR ALL</u>		Yes 🗆	No □
Valid Photo I.D (Required - Substitute Relief & Emergency Relief):		Yes 🗆	No □
SCARS Certification (Required –Substitute Relief only): <u>STRONGLY RECOMMENED FOR ALL</u>		Yes 🗆	No 🗆
Magistrates Court Criminal Background Check (Required – Substitute Relief only):		Yes □	No 🗆
Government Medical Clearance Form (Required –Substitute Relief only): STRONGLY  RECOMMENED FOR ALL		Yes 🗆	No 🗆
Police vetting form/Magistrates Court Criminal Background Check (Required – Emergency relief only):		Yes 🗆	No 🗆
Signature of Emergency/Substitute Relief	Date	_	
Signature of Day Care Provider	Date		