

**Flagstaff Family Day Home Program  
Educator Application**

**Personal Data**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Insurance #: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Children's Names & Ages:

_____	_____
_____	_____
_____	_____

Does your family support you in this application to become a Family Day Home Educator? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Others in the household you are presently caring for (relatives, borders, children)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Education: Give highest grade attained and post secondary education. Include workshops and courses (Early Childhood, psychology, nutrition, crafts, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special interests or abilities that would help you relate to children.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employment History: If applicable, list two places of employment.

Employer	Position	Dates
_____	_____	_____
_____	_____	_____

Are you interested in providing care for children during extended hours? \_\_\_\_\_

Evening's \_\_\_\_\_ Overnight \_\_\_\_\_ Weekends \_\_\_\_\_

Comments: \_\_\_\_\_

Are you interested in providing care for children with special needs? Eg. Physically, emotionally or socially delayed? \_\_\_\_\_

What daily activities would you provide for children, indoor and outdoor?

0-12months: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12-36months: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3-4years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5years and older: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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What discipline is effective for your own children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you discipline a child in your care? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you discuss a child's discipline problem with the parent? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list some food ideas for snacks, drinks and lunch \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Because some children have allergies, please answer the following:

Does anyone in your family smoke? \_\_\_\_\_

Do you have any pets? If yes, what kind? \_\_\_\_\_

Are the pets immunizations up to date (Provide copy of paperwork)? \_\_\_\_\_

Would you be willing to participate in workshops on Early Childhood Development, organized by the Flagstaff Family Day Home Program, on a monthly basis? \_\_\_\_\_

What are your priorities in regards to your family and your own personal time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Are you committed to providing the quality child care and dependability that Flagstaff Family Day Home Program represents? \_\_\_\_\_ Explain: \_\_\_\_\_

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Have you cared for children in the past? \_\_\_\_\_

If yes, names of parents and duration of care (they may be called as a reference): \_\_\_\_\_

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Memberships: List organizations, clubs or associations you belong to, including volunteer experience.

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Do you Own \_\_\_\_\_ Rent \_\_\_\_\_ your home?

Type of dwelling: \_\_\_\_\_

Why do you wish to become an Educator?

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Do you anticipate any change during the next year in your family, job or residence that may affect your suitability of becoming a Family Day Home Educator? Explain.

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How would you describe your health? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To become an Educator you will be required to obtain a medical certificate verifying your good health and freedom from infectious disease. Do you foresee any difficulties?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any member of your family experienced any of the following? If so describe:

Serious illness or health problems: \_\_\_\_\_  
\_\_\_\_\_

Injury: \_\_\_\_\_

Professional assistance with marital problems: \_\_\_\_\_  
\_\_\_\_\_

Professional assistance with emotional, psychological, behavioral or psychiatric problems: \_\_\_\_\_  
\_\_\_\_\_

Drug or Alcohol abuse: \_\_\_\_\_

Police involvement for anything other than a minor traffic violation: \_\_\_\_\_  
\_\_\_\_\_

Driver's license suspended or revoked: \_\_\_\_\_  
\_\_\_\_\_

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References: Please give names and addresses of four persons who are not relatives and who know you well, so that we may contact them for references. These references must have known you for the last two years at least.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_

I, \_\_\_\_\_ am the spouse of the applicant and am aware of his/her application. I am supportive of the applicant caring for children in our home.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

The information provided on this application is true and correct.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date