wadena area CHILD CARE

CONTRACT SERVICES APPLICATION

Date of Application:

(Please Print or type out)

Personal Information:

Name:

Address:

Mailing Address:

Telephone Number:

Email Address:

Employment History: *(Start with your most recent, including self-employment)*

Employer/ Address	Telephone	Dates Employed	Summarize Responsibilities

Educational Background:

Elementary: High School:

College/University: Major: Minor: Degree: ☐ Yes ☐ No

Postgraduate: Major: Degree:

Other Professional Training:

Skills and Qualifications: Summarize any special training, skills, licenses, certifications, and/or characteristics of yourself that are appropriate to childcare or the education field:

List any professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

Are you willing to obtain a 3 or 4 star Parent Aware Rating? ☐ Yes ☐ No

Are you willing to accept early learning scholarships and child care assistance? ☐ Yes ☐ No

Are you willing to enroll children of all ages including infants and toddlers? ☐ Yes ☐ No

What are your preferred days and hours of operation for your child care?

If you are a current family childcare provider, are you licensed by the state of Minnesota? ☐ Yes ☐ No

License Number: License Type:

How many children are you licensed for?

Do you have a helper/assistant or do you plan to get one? ☐ Yes ☐ No

Are you willing to obtain required childcare liability insurance? ☐ Yes ☐ No

Briefly describe what a day would look like in your childcare.

What are the most important things a childcare provider can do for the children she/he cares for?

How often do you read to children, or do you think you would read to children in your childcare?

How often do you go outdoors, or think you should go outdoors, for large motor and free play with the kids each day?

How much time do you think children should watch TV in daycare?

List any additional information you would like considered.

References: *(Please list three)*

Name	City	Telephone Number
1.		
2.		
3.		

For more information call: Marie Ashland: Phone (218) 234-0317 Email: mashland@mahube.org
Please return completed application to: mashland@mahube.org