## CHILD CARE PROVIDER APPLICATION

Infant/Toddler Family Day Care
11166 Fairfax Boulevard, Suite 206, Fairfax, Virginia 22030
Tel. # 703-352-3449 website <a href="www.infanttoddler.com">www.infanttoddler.com</a>
Become Part of Our Family

Last Name	First Name	Middle Name	Maiden Name	
Address:			Phone	
			<u> </u>	
		rax _		
Children (Please list ove	en if not living in the home		name not living in home):	
Ciliuleii (Flease list eve	in in the fiving in the nome	and mulcate by i	iame not nving in nome).	
Name	Date of Birth	Name	Date of Birth	
Name	Date of Birth	Name	Date of Birth	
Name of Spouse				
l   Spouses Date of Birth:		st Name	Middle Name	
List ALL Other Househo	Id Members:			
(Name & date of birth)				
INCLUDED EVERYONE LI				
<b>EDUCATION: Please list</b>	all schools you have attend	led and the degre	ees received.	
Applicant must have co	mpleted high school (in the	e US or another c	ountry) or have a GED.	
High School		Diploma Yes/I	No	
CED		GED Yes/No		
0-11		Degree		
Other		Degree	<del></del>	
Do you rent or own you	r home? Rent Own	-	_	
	permission to do child care		N/A	
	s association in your neighb		No	
is there a nome owner s	s association in your neighb	orriood: 163	NO	
	ase list your last three emp en (other than your own).	loyment position	s and any volunteer or paid	
Employer Name	Beginning Date	<b>Ending Date</b>	Position Held	
	<del>-</del>	_		
			· -	
FSSAYS (please answer o	n the back or another piece	of paper)	·	
1. Please describe		olunteer experie	ences that you feel will help you	
	sa. c c.i. ao aboat you			
	& toddlers. Tell us why yo		sophy concerning appropriate e a part of Infant/Toddler Famil	
Signature	Da	ıte		
ga.a. o				