



APPLICATION FOR LICENCE FAMILY CHILD CARE AND IN-HOME MULTI-AGE CHILD CARE

The personal information collected relates directly to and is necessary for program operation per Section 26 of the *Freedom of Information and Protection of Privacy Act* Information that appears on a licence may be disclosed per Section 22(4)(i) of the Act, as it is not considered an unreasonable invasion of personal privacy. If you have any questions about the collection and use of this information contact your local Community Care Facilities Licensing Office.

Licensee Information		
Licensee Name	Phone Number	Email
Licensee Address <i>(please include the street, city, province and postal code)</i>		I am at least 19 years old Yes No
I have previously applied to be a Licensee of a Community Care Facility/operated a Community Care Facility No Yes - Facility name(s)		
I have previously been the manager of a Community Care Facility No Yes - Facility name(s)		
Facility Information		
Facility Name		
Facility Phone Number	Facility Email Address	
Potable water is provided (water that is safe to drink)		
The facility is part of the Municipal water system	Other (e.g. well, private: <i>please specify</i>)	
The facility is part of the Municipal sewerage system	Other (e.g. septic: <i>please specify</i>)	
Premise information:	Leased / Rented	Owned
Will you be providing food?	Yes	No, all food will be provided by the families.
Will you be providing food prepared by a permitted kitchen or catering company?		Yes No
If you answered yes, please provide the name:		
Business Type (if applicable)	Sole Proprietorship <i>(owned by one person)</i>	
Proposed Type of Care		
Please check one		Proposed Capacity
	Family Child Care. The licensee is a responsible adult, and personally provides care, within the licensee's personal residence, to no more than 7 children	
	In-Home Multi-Age Child Care. The licensee personally provides care, within the licensee's personal residence, to no more than 8 children of various ages	

VCH posts information about Licensed Facilities on its website http://www.inspections.vcha.ca/		
I hereby apply for a Community Care Facility Licence and agree to abide by the regulations made under the authority of the <i>Community Care and Assisted Living Act</i> . I certify that the information I have provided is correct to the best of my knowledge.		
Date <i>(dd/mm/yyyy)</i>	Licensee Name	Licensee Signature