RECORD OF CHILD CARE RESIDENTS/ STAFF FOR LICENSED FAMILY/GROUP **CHILD CARE HOMES**

Manitoba Family Services Child Care Program 219 - 114 Garry Street Winnipeg Manitoba R3C 4V6 (204) 945-0776 Toll free: 1-888-213-4754

Website: www.manitoba.ca/childcare



o Add a new Resident/Staff

o Modify an existing Resident/Staff

o Remove an existing Resident/Staff

Please complete a separate form for each resident/staff person.

Please print clearly or	type						
Facility Information							
Facility Number:	-		Child Care Co-or	dinator:			
Family/Group Chil	d Care H	ome Nam	ne:				
Family/Crays Chil	d Como III	- w A -l -l					
Family/Group Chil	a Care no	ome Ada	ress:				
Darsonal Inform	nation						
Personal Inform	nation						
			s to your demographic information (nam qualifications, subsidy, licensing etc.).	es & addresses)	made on this ap	plication will update any and all other files in	
Full & complete le	gal name	:					
Last name			First name		Middle name		
Previous name(s):			T HOCHAINE		Widdle Hallie		
Last name			First name		Middle name		
Last name			First name		Middle name		
Last name			First name		Middle nam	ne	
Date of Birth:			Geno	ler:	Wildale Hall		
					0	0	
	YYYY	MM	DD		Female	Male	
Freedom of Information and Protection of Privacy Act							
Your personal information is collected under the authority of The Community Child Care Standards Act and will be used to establish conformity to the regulation. This information is protected under the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of personal							
information, please contact the Manitoba Child Care Program.							
Resident/Staff	Informa	<u>tion</u>					
IA Status on new resident/staff: O Date Submitted (yyyy/mm/dd): O Not Applicable							
- ··· /- ···			o Date Gaziiii.i.da (j)j)j/iii				
Positions/Relation	ship:	0 P	esident Licensee (group only)	o License	20		
					nily member – spouse		
					mily member – child < 12 years of age		
			· · · · · · · · · · · · · · · · · · ·		mily member – child 12-18 years of age		
o Ir		o Int	egration Worker o Fami		mily member – child >18 years of age		
o F		o Fo	oster child	o Family me		extended family	
Effective Start Dat	a (www/m	m/dd\·					
To be completed for add	1,5,5,5	,	a licensed home.	=			
End Date (yyyy/mn	n/dd\:						
	•	nt/staff from	your Record of Child Care Resider	nts listing.			
First Aid Expiry Da	ate (yyyy/	mm/dd):					
Required for licensee, re	esident licen	see (group d	only), overnight staff (group only) ar	nd/or integratio	n worker only.		
CPR Expiry Date (yyyy/mm/	dd):					
Required for licensee, re	esident licen	see (group d	only), overnight staff (group only) ar	_ nd/or integratio	n worker only.		
Mandatary 40	Нашт						
Mandatory 40 Hour Training Information: Completion Date: (YYYY/MM/DD)							
(
Course Name:						Number:	
		Training Ins	stitution:				
Name of Provider	or Owner	/Operate	r·				
Ivallie of Frovider	oi Owner	, Operato	r:				
X							
Authorized signatur	е				Da	ate	