

FAMILY SERVICES

CHILD CARE PROGRAM

219 - 114 Garry Street Winnipeg MB R3C 4V6 Tel. (204) 945-0776 Toll Free 1-888-213-4754

FAMILY CHILD CARE HOME PERSONAL REFERENCE

NAME:			
ADDRESS:			
	Number/Street	City/Town	Postal Code
	rson has applied to be a li l age children in her own l		order to care for a small group of
		nnection with this application assessing the applicant's suita	 Your opinions regarding this person's bility for this program.
PLEASE N		ce forms must be received be following questions and return	fore the licensing process can continue. n directly to:
CHILD CARE CO-0	ORDINATOR:		
ADDRESS:			
<u> </u>	Number/Street		City/Town
POSTAL CODE: _		PHONE NUMBER:	
What personal qualit	ies does this person have	that you feel are important fo	r someone working with young children
What types of play n	naterials are available in th	nis person's home and yard fo	or the use of children?
For children of what	age do you feel these play	v materials are most suited?	

For children of what age do you feel this provider can best provide care? Why?

Describe this person's style of supervising children.

What forms of discipline does this person use with children?

When you have observed children receiving care in this home, how would you describe the children's feelings and reactions to this person and her home?

Please note any additional remarks about this person's ability or experience which you feel are important.

Would you recommend this person to be a licensed family child care provider?	

SIGNATURE	·		DATE:	
ADDRESS:			POSTAL CODE:	
	Number/Street	City/Town		

Thank you for completing this personal reference.