

Report Date :	Year	Quarter reported (please check <input type="checkbox"/>)			
		Jan-Mar <input type="checkbox"/>	Apr-Jun <input type="checkbox"/>	Jul-Sep <input type="checkbox"/>	Oct-Dec <input type="checkbox"/>

Agency Information

Agency Name :				
Contact Person (person completing this report) :				
Position/Title :		Phone Number (902) :		
Email Address :				

Please contact your **Early Childhood Development Officer (ECDO)** if there are any changes required to the agency's name, mailing address, or employees.

Family Day Care Home Information

If there have been NO changes since your last Quarterly report please check this box:

Otherwise fill in the appropriate information:

Is this home an add/change/remove? (√) :		Add <input type="checkbox"/>	Change <input type="checkbox"/>	Remove <input type="checkbox"/>	
Provider Name :	Address :			Start or End Date	
	Street	City/Town	Postal Code		
Email :		Telephone			
		Home:	Cell:		
Training Required (yes/no)	Hours of Operation:				
Number of Children (include Care Provider's own children up to age 12):					
<i>Child Age Group</i>	Infant	Toddler	Preschooler	School Age	Total
<i>Number of children</i>					

Is this home an add/change/remove? (√) :		Add <input type="checkbox"/>	Change <input type="checkbox"/>	Remove <input type="checkbox"/>	
Provider Name :	Address :			Start or End Date	
	Street	City/Town	Postal Code		
Email :		Telephone			
		Home:	Cell:		
Training Required (yes/no)	Hours of Operation:				
Number of Children (include Care Provider's own children up to age 12):					
<i>Child Age Group</i>	Infant	Toddler	Preschooler	School Age	Total
<i>Number of children</i>					

Is this home an add/change/remove? (√) :		Add <input type="checkbox"/>	Change <input type="checkbox"/>	Remove <input type="checkbox"/>	
Provider Name :	Address :			Start or End Date	
	Street	City/Town	Postal Code		
Email :		Telephone			
		Home:	Cell:		
Training Required (yes/no)	Hours of Operation:				
Number of Children (include Care Provider's own children up to age 12):					
<i>Child Age Group</i>	Infant	Toddler	Preschooler	School Age	Total
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Provider Name :	Address :			Start or End Date	
	Street	City/Town	Postal Code		
Email :		Telephone			
		Home:	Cell:		
Training Required (yes/no)	Hours of Operation:				
Number of Children (include Care Provider's own children up to age 12):					
<i>Child Age Group</i>	Infant	Toddler	Preschooler	School Age	Total
<i>Number of children</i>					

I, the undersigned, do hereby certify that all the information provided is true and complete to the best of my knowledge and belief. Signing below, I agree to comply with the Terms and Conditions of the Family Home Day Care Program.

<hr/>	<hr/>	<hr/>
Contact Signature	Print Name	Date

To be completed by the Department of Community Services

Early Childhood Development Officer (ECDO)	Updated (in ECDS system) <input type="checkbox"/>
<hr/>	<hr/>
Signature	Print Name
<hr/>	<hr/>
Coordinator, Family Home Day Care	
<hr/>	<hr/>
Signature	Print Name
<hr/>	<hr/>
Signature	Date