

REGISTRATION FORM FOR A SOCIAL CARE FACILITY

(Please Print)

Reason for Registration form being completed

- New Application
 Change of Ownership
 Change in Location
 Other _____

1. Name of Owner/Company: _____

2. Trade Name (**Name of Social Care Facility**): _____

3. Address Where Facility Located: _____

4. Mailing Address : _____

5. Phone#: _____ Fax #: _____

6. Legal Land Location: _____

(Lot) (Block) (Plan) or (Qtr) (Sec) (Twp) (Rge) (Meridian)

7. Email Address: _____

8. Name of the Operator / Person in care and control of facility: _____

9. Date of Opening: _____ Number of Staff: _____

10. Estimated number of Clients in Care (**per day or per week**): _____

11. Type of Social Care Facility (**Check all applicable**):

Adult Care Facility	Child Care Facility
<input type="checkbox"/> Facility Living/Long Term Care/Nursing Home	<input type="checkbox"/> Daycare Centre
<input type="checkbox"/> Designated Assisted Living or Supportive Living	<input type="checkbox"/> Family Day Home
<input type="checkbox"/> Family Shelter	<input type="checkbox"/> Group Family Day Home
<input type="checkbox"/> Solicitor General or Correctional Institution (Adult)	<input type="checkbox"/> Drop In Center
<input type="checkbox"/> Drop In Center	<input type="checkbox"/> Innovative Child Care Program
<input type="checkbox"/> Residential Treatment	<input type="checkbox"/> Foster Home
<input type="checkbox"/> Adult Group Home	<input type="checkbox"/> Institution
<input type="checkbox"/> Adult Care – Other	<input type="checkbox"/> Out Of School Care
	<input type="checkbox"/> Preschool/Nursery
	<input type="checkbox"/> Residential Treatment Facility
	<input type="checkbox"/> Child Group Home
	<input type="checkbox"/> Child Care - Other

12. Type of Social Care Sub Program (Check all applicable)

<input type="checkbox"/> Safe Food	<input type="checkbox"/> Recreational Water
<input type="checkbox"/> Personal Services	<input type="checkbox"/> Safe Drinking Water
<input type="checkbox"/> Public Accommodation	<input type="checkbox"/> Social Care

Declaration:

I confirm that the above information to be correct.

Signature: _____ Date: _____

Approved Refused

(Executive Officer)

(Date)