



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA CHILDCARE RESOURCE SERVICE 2016-2017 Health & Safety Training Grant APPLICATION

Please read **Application Guidelines & Notes** BEFORE completing application. Deadline to apply is April 1, 2017. Incomplete & illegible applications will be returned.

**PLEASE PRINT:**

Name: \_\_\_\_\_  
(First) (Last) (Middle initial)

Home address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) Home phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**Check one and fill out an appropriate box:**

**Center-based Staff:**     Licensed     Exempt

Employer: \_\_\_\_\_

Site address: \_\_\_\_\_

\_\_\_\_\_

My position:     Director     Asst. Director     Teacher

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

# of Base Staff: \_\_\_\_\_ # of classrooms: \_\_\_\_\_

**Licensed Family Child Care**

Large License

Small License

License Pending

Position:

Licensee

Co-licensee

Assistant to

\_\_\_\_\_  
(Licensee name)

( ) - \_\_\_\_\_  
(Licensee phone)

**Trustline In-home Provider**     **Trustline License-exempt Child Care Provider**

Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

**Indicate which Health & Safety classes you need to complete:**

- CPR (New or Renew)    If renewing CPR, attach copy of current card. Expired Date: \_\_\_\_\_
- First Aid (New or Renew)     Preventive Health Practices

**Have you received YMCA CRS Health & Safety Training Voucher(s) in the past? Yes  No**

**Applicants please read and sign**

I have received, read and understand the Health & Safety Training Grant **Application Guidelines** and **Application Notes**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you need help filling out this application, please call 619-521-3055 ext.2323.

**Office Use Only**

Approved     Denied \_\_\_\_\_  
Date: \_\_\_\_\_

Vouchers mailed: \_\_\_\_\_  
Date: \_\_\_\_\_