



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CHILDCARE RESOURCE SERVICE
2011-2012 Health & Safety Training Grant

APPLICATION

Please read Application Guidelines & Notes BEFORE completing application.
Incomplete & illegible applications will be returned.

PLEASE PRINT:

Name: _____
(First) (Last) (Middle initial)

Home address: _____

(City) (State) (Zip) Home phone: () _____

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) Renew 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.3350(for English) or 800-481-2151 (for Spanish).

Office Use Only

Approved Denied _____ Vouchers mailed: _____
Date: _____ Date: _____