10:126-5.2(e) Application for Registration

To be given to new applicants, or sent to persons named as references by new applicants (Please print the form twice as you must submit two completed references for FCC Registration)

## FAMILY CHILD CARE REFERENCE

RETURN TO:		
Child Care Connection, Inc. 1001 Spruce St. –Suite 201 Trenton, NJ 08638 Attn: Registration Coordinator		
Name of Provider:	Phone:	
The above person has applied for registration as a name as a person who knows about his/her ability tappreciated.	family day care provider. The applicant has given your o care for children. Your comments will be greatly	
Please answer the following questions:		
1. How long and how well have you known the ap	plicant?	
(Length of time)	(Well-casually)	
2. In what capacity have you known the applicant?		
3. In what situations have you observed the application of the situation of the situatio	ant's interactions with children?	
4. Do you believe the applicant would appropriate	ly care for un to five children? Please explain	

5.	Do you believe the applicant is of good character with sufficient intelligence, stability, energy and maturity to care for children placed in his/her charge? Please explain.
6.	Would you choose to have the applicant care for your own children or for children in your family? Please explain.
7.	Who are the other persons living in the applicant's home that you know?
8.	Do you believe their (other household members) character would provide a positive influence on children? Please explain.
9.	Additional remarks (optional)
<ul> <li>10. If you would like a staff member to contact you further regarding this applicant, please check below, or you may contact the office named above.</li> <li>Yes, please contact me</li> <li>No, there's no need to contact me.</li> </ul>	
- Ci	
<b>3</b> 1	gnature Date
Y	our name (please print)  Telephone
Ti	tle and organization, if applicable