

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 family day care provider. The applicant has given your name as a person who knows about his/her ability to care for children. Your comments will be greatly appreciated.

Please answer the following questions:

1. How long and how well have you known the applicant?

_____ (Length of time)

_____ (Well-casually)

2. In what capacity have you known the applicant?

3. In what situations have you observed the applicant's interactions with children?

4. Do you believe the applicant would appropriately care for up to five children? Please explain.

