



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CHILDCARE RESOURCE SERVICE 2015-2016 Health & Safety Training Grant APPLICATION

Please read **Application Guidelines & Notes** BEFORE completing application. Deadline to apply is April 1, 2016. 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.3350 (for English) or 800-481-2151 (for Spanish).

Office Use Only

Approved Denied _____

Vouchers mailed: _____

Date: _____

Date: _____