

CONTRACT SERVICES APPLICATION



Personal Information

Name: _____ Cell Phone: _____

Address: _____

Email: _____

Employment History

Employer	Telephone	Dates Employed	Summarize Responsibilities

Educational Background

High School: _____ Diploma: Yes No

College/University: _____ Degree: Yes No

Major: _____ Minor: _____

Other Professional Training/Certification: _____

Skills and Qualifications

Summarize any special training, skills, licenses, certifications, and/or characteristics of yourself that are appropriate to childcare or the education field:

List any professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

Are you willing to accept early learning scholarships and childcare assistance?

Yes No

Are you willing to enroll children of all ages including infants and toddlers?

Yes No

What are your preferred days and hours of operation for your childcare?

If you are a current family childcare provider, are you licensed by the state of Minnesota?

Yes No

License Number: _____ License Type: _____

How many children are you licensed for? _____

Do you have a helper/assistant or do you plan to get one? Yes No

Are you willing to obtain required childcare liability insurance? Yes No

Briefly describe what a day would look like in your childcare:

What are the most important things a childcare provider can do for the children she/he cares for?

How often do you read to children, or do you think you would read to children in your childcare?

How often do you go outdoors, or think you should go outdoors, for large motor and free play with the kids each day?

How much time do you think children should watch TV in daycare?

List any additional information you would like considered.

References

Name	City	Phone Number

For more information call Brit-Awn Hess, Program Coordinator at 218-632-8189.

Return completed application to brit-awn.hess@asterahealth.org

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