



# Family Child Care Assistant New Certificate

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Application number: 9172843

## Assistant Information

**Program Name:** Gusmao Da Silva, Arianne  
**Street Address 1:** 100 Myrtle Ave  
**Street Address 2:**  
**City/Town:** Whitman (/a0Ej0000002fMm7)  
**Zip Code:** 02382  
**State:** MA

## Date Of Birth

**Date of Birth:** 9/10/1984

## Contact Information

**Phone Number:** (774) 257-7544  
**Alternate Phone Number:**  
**Fax Number:**  
**Email address:** ariane\_g2007@hotmail.com (mailto:ariane\_g2007@hotmail.com)

## Other Information

**Preferred Communication Language:** Portuguese  
**Professional Qualification Registry Number:** 9829756  
**Can you communicate in English?:**  
☒ Yes ☐ No  
**Professional Qualification Expiration Date:** 3/25/2026  
**Name of Family Child Care Educator you are working with?:** Fernandes, Ailina  
**I am applying to be approved or certified as a:** Regular Assistant

**Would you like to have your name, city, email address, phone number, and languages that you speak displayed on the Assistant Directory? You may change your decision at any time by clicking on the “Assistant Directory” tab on your portal dashboard.**

☒ Yes ☐ No









### Your EEC Licenser

**First / Last Name:** Sonia Amaral

**Email:** sonia.amaral@mass.gov

**Phone:** (508) 967-3419

### Optional Attachments

Document Type	View
FIRST AIDE	
coursecertificate_EEC_2_12HOURS_2025-04-17T3245034-0400.pdf	
Medical_Form_2025-04-17T3251113-0400.pdf	
coursecertificate_PPT_PART_1_2025-04-17T3253034-0400.pdf	
CERTIFICAT PART 1	
CERTIFICATE PART 2	
MEDICAL FORM	
REGISTRATION	

### Terms and Conditions

- ☒ I have read and understood the questions in this application. I have reviewed my answers to the application questions, and, to the best of my knowledge, the information I have provided and the responses I have given are true.

I understand that furnishing or making any misleading or false statements or reports anywhere in this application is grounds to revoke, suspend, refuse to issue or refuse to renew a license.

