

## Section A: Participant Information

Vendor Name:		
Operating Name (As it appears on License)	Vendor Number	
Licensee(s):	Administrator(s)	
Mailing Address:	City/ Town	Postal Code
Street Address:	City/ Town	Postal Code
Initial License/Approval Certificate was issued:	E-Mail	Phone
License Number/Family Home Approval Certificate Number	Date of Issue – Expiry	Date of Variance (if applicable)

## Section B: Registration Information

Are you in receipt of an Operating Grant? ☐ Yes ☐ No

Have you received previous Operating Grants? ☐ Yes ☐ No

If Yes, indicate number of years on the Operating Grant Program: \_\_\_\_\_

Indicate your initial areas of interest for quality enhancement consultation. Please check all that apply and add your own.

<input type="checkbox"/> Nourishing children's well-being	<input type="checkbox"/> Learning processes and brain development
<input type="checkbox"/> Enhancing the richness of imagination and play	<input type="checkbox"/> Communication and relationships
<input type="checkbox"/> Dramatic play, sensory play... _____	<input type="checkbox"/> Learning Stories and documentation
<input type="checkbox"/> Outdoor play	<input type="checkbox"/> Children's literature
<input type="checkbox"/> Enhancing outings & community engagement	<input type="checkbox"/> Anti-bias / diversity initiatives
<input type="checkbox"/> Program design: play, projects & inquiry	<input type="checkbox"/> Mentorship programming development
<input type="checkbox"/> Other: _____	

In a few words, describe what you feel your service does well:

### Section C: Quality Enhancement Planning

Summarize the service's evaluation and improvement plans.

Describe how consultation through the ELCC Quality Enhancement Program could contribute to the service's quality enhancement goals:

## Section D: Applicant's Declaration/ Consent and Disclosure

I hereby confirm that the information that I have provided is complete, true and accurate. I certify that I have read and understand the following requirements:

- The facility is licensed under the ***Child Care Act and Child Care Regulations***.
- ☐ I, the licensee, do hereby certify that all the information provided is true and complete to the best of my knowledge and belief.

Licensee/Authorized Delegate Name (Print):	Licensee/Authorized Delegate Name (Signature):	Completed (YYYY-MMM-DD)
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## Section E - Information for Submission

This form is to be completed by the Licensee or Authorized Delegate in consultation with a Child Care Consultant (Quality). It is a part of consultation processes. If you have any questions regarding the completion of the initial consultation form, please contact your regional Child Care Consultant (Quality) or inquire at [ELCCQEP@gov.nl.ca](mailto:ELCCQEP@gov.nl.ca).

Pictures of documents (e.g., jpg) are not acceptable.

## PRIVACY NOTICE

The information collected on this form is collected under the authority of the *Child Care Act* and the *Access to Information and Protection of Privacy Act* (ATIPPA) and is used solely for the purposes of administration/operation of regulated child care program and services provided by the Early Learning and Child Development Division. This information is kept confidential and held securely as required by ATIPPA. If you have any questions about the collection or use of this information, please contact the Information Management Division of the Department of Education at 709-729-6281.

## FOR OFFICE USE ONLY

Verified by:	_____	Date	_____
			YYYY/MM/DD
Name (Please Print)	_____	Title	_____