

Section A – Applicant Information

Indicate quarter to which this application applies			
April 1 – June 30	July 1 – September 30	October 1 – December 31	January 1 - March 31
Last Name	Given Name	Middle Name	Date of Birth YYYY/MM/DD
Mailing Address			
City/Town		Province NL	Postal Code
Telephone	Email Address		SIN
Is this a change of address? Yes No		Is this your first application Yes No	
Child Care Certification Information: Certification # _____ Expiry Date _____ NOTE: Certification Number will be used to confirm eligibility YYYY/MM/DD			
Has your certification level or classification changed during this quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Change _____			
If "yes" indicate previous level or classification: _____ YYYY/MM/DD			

Section B – Details of Hours Worked

Dates worked during the quarter: from _____ to _____ YYYY/MM/DD YYYY/MM/DD			
Indicate the month and the number of eligible hours worked for each month:			
Month one: _____	Number of eligible hours _____		
Month two: _____	Number of eligible hours _____		
Month three: _____	Number of eligible hours _____		
Note details of ineligible hours, if applicable _____			
Centre-based caregivers indicate all age groups & the number of hours worked with each age group for the quarter:			
<input type="checkbox"/> Infant (Birth – up to 2y)	<input type="checkbox"/> Preschool (includes Toddler) (1y 6m up to 5y 9m and not attending school)	<input type="checkbox"/> School age (4y 9m up to 13 y & attending school)	<input type="checkbox"/> Mixed (Indicate age group) _____
# of hours _____	# of hours _____	# of hours _____	# of hours _____

Section C – Child Care Service Information

Centre/Family Home/Agency Name			
Address			
Licensed/Approved age range <input type="checkbox"/> Not Applicable		Administrator/Coordinator Name	
Position Held: <input type="checkbox"/> Administrator	<input type="checkbox"/> ECE/Caregiver	<input type="checkbox"/> FCC Provider	<input type="checkbox"/> Agency Monitor <input type="checkbox"/> Other
Has your position changed this quarter? Yes No	If you answered yes, what was your previous position? _____		What date did your position change? _____ YYYY/MM/DD

FOR OFFICE USE ONLY													Date Received																											
Authorized for payment signature _____																																								
Number of eligible hours worked _____ Gross amount _____																																								
<table border="1"> <tr> <th colspan="3">Administrator</th> <th colspan="3">Agency Monitor</th> <th colspan="4">Centre Caregiver</th> <th colspan="4">Family Child Care Provider</th> </tr> <tr> <td>2</td><td>3</td><td>4</td> <td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> </table>															Administrator			Agency Monitor			Centre Caregiver				Family Child Care Provider				2	3	4	2	3	4	1	2	3	4	1	2
Administrator			Agency Monitor			Centre Caregiver				Family Child Care Provider																														
2	3	4	2	3	4	1	2	3	4	1	2	3	4																											
Comments																																								

Section D – Applicant Declaration

Information below must match that chosen in Section C.

I declare that I (**check one only**):

meet the requirements of the ELCC Supplement policy for an Early Childhood Educator/Caregiver

meet the requirements of the ELCC Supplement policy for an Administrator

meet the requirements of the ELCC Supplement policy for an Agency Monitor

meet the requirements of the ELCC Supplement policy for a Family Child Care Provider

other (describe) _____

and I worked at the child care service/agency indicated on this application. I also declare that the information provided by me on this application is true and accurately reflects my employment during the time period indicated. I confirm that I was employed on the dates indicated and worked the eligible hours as outlined in Section B (if applicable). I understand that additional information may be requested for verification at any time for evaluation/auditing purposes.

Applicant Signature: _____ **Date:** _____

Section E – Child Care Service Verification (to be completed by licensee/agent/authorized delegate)

I verify that the applicant has worked as indicated in Sections B and C and was not on extended or ineligible leave (except as described in Section B, if applicable) and I understand that information regarding this individual's employment may be requested for verification at any time for evaluation/auditing purposes.

Legal entity must sign if incorporated.

Licensee/Agent/Legal Entity

Signature _____ Date _____
YYYY/MM/DD

Name (Please Print) _____

Title of Signatory (if a corporation) _____

Telephone _____

Section F – Information for Submission

Please ensure all sections are fully completed. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. This form may be completed online, but must be printed, signed and submitted via email to: ELCCSupplement@gov.nl.ca

The following documentation must be attached (one-time only or upon change)

1. Proof of academic credentials
2. Proof of temporary SIN expiry (if applicable)
3. Government Direct Deposit form

For further ELCC Supplement information and associated forms or inquiries please contact us at:

Telephone: (709) 729-2694

Email: ELCCSupplement@gov.nl.ca

Website: <https://www.gov.nl.ca/education/childcare/supplement/>

PRIVACY NOTICE

The information collected on this form is collected under the authority of the *Access to Information and Protection of Privacy Act (ATIPPA)* and is used solely for the purposes of administration/operation of the Early Learning and Child Care Supplement program and services provided by the Early Learning and Child Development Division relating to Early Childhood Educators working in regulated care services. 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- 729-7425.